## Received

## MAY 15 2020

West Virginia Ethics Commission WV Ethics Commission

## **Lobbyist Activity Report Form**

2020-01

West Virginia Ethics Commission Attn: Lobbyist Registrar 210 Brooks St., Ste. 300 Charleston, WV 25301 304-558-0664 No faxed copies For office use only: Rec'd\_

| Late reporting fine - \$10 per business day past the due date (\$250 maximum)  |  |  |                                  |                                  |                                  |                                      |                            |                            | e                                      |
|--|--|--|----------------------------------|----------------------------------|----------------------------------|--------------------------------------|----------------------------|----------------------------|--|
| 1.   | Name and cont  | act information  |                                  |                                  |                                  |                                      |                            |                            |  |
| Name   | e Mark Meck  | ler  |                                  |                                  |                                  | Dhono 5                              | 40-441-7227                |                            |  |
|  |  |  |                                  |                                  |                                  | Phone 540-441-7227                   |                            |                            |  |
| Business Address 1464 Morena Blvd.   |  |  |                                  |                                  |                                  | Business Emailmmeckler@cosaction.com |                            |                            |  |
| City,  | State Zip San  | Diego, CA 921  | 10                               |                                  |                                  |                                      |                            |                            |  |
| 2.   | Reporting perio  | d for which this   | activity report                  | is being filed                   |                                  |                                      |                            |                            |  |
| Chec   |  | porting period for which this activity report is being filed  Report   Period   Due Date   Due Date |                                  |                                  |                                  |                                      |                            |                            |  |
| х  |  | 1/20 - 4/30/20   | 5/15/2020                        |                                  |                                  |                                      |                            |                            |  |
|  |  |  |                                  |                                  |                                  |                                      |                            |                            |  |
|  |  |  |                                  |                                  |                                  |                                      |                            |                            |  |
| 3. List all employers/organizations that you represent as a lobbyist  Use additional reporting forms if necessary.       |  |  |                                  |                                  |                                  |                                      |                            |                            |  |
| Convention of States Action  |  |  |                                  |                                  |                                  |                                      |                            |                            |  |
|  |  |  |                                  |                                  |                                  |                                      |                            |                            |  |
| 2 5  |  |  |                                  |                                  |                                  |                                      |                            |                            |  |
| 36   |  |  |                                  |                                  |                                  |                                      |                            |                            |  |
|  |  |  |                                  |                                  |                                  |                                      |                            |                            |  |
| 4.   | Lobbying activit   | v summary - If t   | here was no a                    | ctivity or expen                 | ditures, indicate                | e "none."                            |                            |                            |  |
| Lobbying activity summary - If there was no activity or expenditures, indicate "none."  Article V - Convention of States |  |  |                                  |                                  |                                  |                                      |                            |                            |  |
| VITIOIE A - COLLACITIOLI DI STATES   |  |  |                                  |                                  |                                  |                                      |                            |                            |  |
|  |  |  |                                  |                                  |                                  |                                      |                            |                            |  |
|  |  |  |                                  |                                  |                                  |                                      |                            |                            |  |
|  |  |  |                                  |                                  |                                  |                                      |                            |                            |  |
| 5.   | Expenditures   |  |                                  |                                  |                                  |                                      |                            |                            |  |
| If no  | expenditures, in   | ncluding campai  | gn contributio                   | ns, mark here:                   | <b>/</b>                         |                                      |                            |                            |  |
| If you   | spent money o  | n any public offi  | cial, employee                   | or member of                     | his or her immed                 | diate family, list t                 | the amounts sp             | ent in each of t           | he following                           |
|  | gories per each e  | employer you rep   | resent. Comp                     | lete and attach                  | Schedule A to t                  | his report.                          |                            | ,                          |  |
| categ  | ,  |  |                                  | Frankouse 2                      | Francisco 2                      | Employer 4                           | Employer 5                 | Employer 6                 | Total Expended                         |
|  | nditure Categor  | ies  | Employer 1                       | Employer 2                       | Employer 3                       | Employer 4                           | Lilipioyer 5               |                            |  |
|  |  |  | \$                               | \$                               | \$                               | \$                                   | \$                         | \$                         | \$                                     |
| Expe<br>A.<br>B.   | Meals and B  |  | \$                               | \$                               | \$                               | \$                                   | \$                         | \$                         | \$                                     |
| Expe   | nditure Categor<br>Meals and B   |  | \$ \$ \$                         | \$ \$                            | \$ \$ \$                         | \$ \$                                | \$ \$ \$                   | \$ \$                      | \$ \$ \$                               |
| A. B. C.   | Meals and B Lodging Advertising Travel   |  | \$<br>\$<br>\$<br>\$             | \$<br>\$<br>\$<br>\$             | \$<br>\$<br>\$<br>\$             | \$<br>\$<br>\$<br>\$                 | \$<br>\$<br>\$<br>\$       | \$<br>\$<br>\$<br>\$       | \$<br>\$<br>\$<br>\$                   |
| A. B. C. D.  | Meals and B Lodging Advertising Travel Gifts                                     | everages   | \$<br>\$<br>\$<br>\$             | \$<br>\$<br>\$<br>\$             | \$<br>\$<br>\$<br>\$             | \$<br>\$<br>\$<br>\$<br>\$           | \$<br>\$<br>\$<br>\$<br>\$ | \$<br>\$<br>\$<br>\$       | \$<br>\$<br>\$<br>\$<br>\$             |
| A. B. C. D. E. F.  | Meals and B Lodging Advertising Travel Gifts Other Expen                         | everages   | \$<br>\$<br>\$<br>\$<br>\$       | \$<br>\$<br>\$<br>\$<br>\$       | \$<br>\$<br>\$<br>\$<br>\$       | \$<br>\$<br>\$<br>\$<br>\$<br>\$     | \$<br>\$<br>\$<br>\$<br>\$ | \$<br>\$<br>\$<br>\$<br>\$ | \$<br>\$<br>\$<br>\$<br>\$<br>\$       |
| A. B. C. D. E. F.  | Meals and B Lodging Advertising Travel Gifts Other Expen Group Exper             | everages<br>ses<br>iditures  | \$<br>\$<br>\$<br>\$<br>\$<br>\$ | \$<br>\$<br>\$<br>\$<br>\$<br>\$ | \$<br>\$<br>\$<br>\$<br>\$<br>\$ | \$<br>\$<br>\$<br>\$<br>\$<br>\$     | \$<br>\$<br>\$<br>\$<br>\$ | \$<br>\$<br>\$<br>\$       | \$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$ |
| A. B. C. D. E. F.  | Meals and B Lodging Advertising Travel Gifts Other Expen Group Exper Campaign Co | everages<br>ses<br>iditures  | \$<br>\$<br>\$<br>\$<br>\$<br>\$ | \$<br>\$<br>\$<br>\$<br>\$<br>\$ | \$<br>\$<br>\$<br>\$<br>\$       | \$<br>\$<br>\$<br>\$<br>\$<br>\$     | \$<br>\$<br>\$<br>\$<br>\$ | \$<br>\$<br>\$<br>\$<br>\$ | \$<br>\$<br>\$<br>\$<br>\$<br>\$       |

attach a Schedule B for each event.