**West Virginia Ethics Commission** 

attach a Schedule B for each event.

## **Lobbyist Activity Report Form**

2020-02

West Virginia Ethics Commission Attn: Lobbyist Registrar 210 Brooks St., Ste. 300 Charleston, WV 25301 304-558-0664 No faxed copies

For office use on Postmark

Late reporting fine - \$10 per business day past the due date (\$250 maximum)  Days late										
1. Name and contact information										
Name Chris Nall Phone 304-982-6050  Business Address PO Box 11847 Business Email Chall @onion - str										
City, State Zip Charleston, WU 25339										
2. R	eporting period for which this	activity repor	is being filed							
Check		Due Date				T		1		
×	2020-2 5/1/20 - 8/31/20	9/15/2020								
							L			
3. L	3. List all employers/organizations that you represent as a lobbyist									
1. Aerospace Alliance, WV 4. Ems Coalition WV										
2.	2. American Fuel & Petrochemical Monutactures Independent Waste Hauler 5									
3. Clearway Energy Group, LLC 6. Mon Healt										
L		- 1								
4. L	obbying activity summary - If	there was no a	ctivity or expen	ditures, indicate	e "none."					
2						Γ.	- 11-	111 600		
100	alcastructure,	1 (-11)	2 1 Energ	AV, Env	ronnect	tinanc	e Nec	17h lare		
I	alcastacture.	Insur	ince. A	ledicaig	Trans	mortat	2'-			
	/		,	,	,	1				
5. E	xpenditures									
_	xpenditures, including campa			THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I						
	spent money on any public off					the amounts sp	ent in each of t	the following		
-	categories per each employer you represent. Complete and attach Schedule A to this report.  Expenditure Categories									
		Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended		
A. B.	Meals and Beverages Lodging	\$ 0	\$ <i>O</i>	\$ 0	+	\$ 0	\$ 0	\$ 0		
C.	Advertising	\$ 0	\$ 0	\$ 0	\$ 0	\$ 6				
D.	Travel	\$ 0	\$ 0	\$ 6	\$ 0	\$ 0	\$ 0	\$ 0		
E.	Gifts	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		
F.	Other Expenses	\$ 0	\$ 6	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		
G.	Group Expenditures	\$ 0	\$ 0	\$ 6	\$ 0	\$ 0	\$ 6	\$ 0		
H.	Campaign Contributions	The same of the sa		PENDED" COLU				\$ 850		
1.	<b>TOTAL</b> of all expenditures	\$ D	\$ 0	\$ 0	\$ ()	\$ 0	\$ 0	\$ 850		
If you	If you sponsored or contributed to any group event or shared expenses, list the total expended in category 5G immediately above. Complete and									

Page Z

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Days late

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1. Name and contact information												
Name Phone												
Business Address Address Business Email												
prisuess email												
City, State Zip												
2. Reporting period for which this activity report is being filed												
Check	1		Due Date	is being med				T				
X		5/1/20 - 8/31/20	9/15/2020									
	2020-2	3/1/20-0/31/20	3/13/2020				<del></del>					
								L				
3. Li	3. List all employers/organizations that you represent as a lobbyist											
1	10	w Ventur	Y Fund	Å	4.							
2.	Un	ion Strate	Gies		5							
3.			<u> </u>		6							
4. L	obhving act	ivity summary - If t	here was no ac	tivity or eyner	ditures indicat	e "none "						
7. 6					iditales, iliaida	e none.			~~~			
	See	Section	4 page									
,			***************************************	***************************************	***************************************							
		****										
5. E:	xpenditure	<u> </u>										
		s, including campaig	an contribution	se mark hora:			1					
		ey on any public office			The state of the s	lista family list t	the amounts en	ant in each of t	the following			
		ch employer you rep					the amounts sp	ent in each of t	the following			
-	diture Cate	and the contract of the contra	Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended			
A.		d Beverages	\$ 0	\$ ()	\$	\$	S	Ś	\$ D			
В.	Lodging	2 Detellages	\$ 0	\$ 0	\$	\$	\$	\$	\$ 0			
C.	Advertisir	ng	\$ 17	\$ 6	\$	\$	\$	\$	\$ 6			
D.	Travel	.6	\$ 0	\$ 0	\$	\$	\$	\$	s o			
E.	Gifts		\$ D	\$ 6	s	\$	Ś	Ś	\$ 0			
F.	Other Exp	enses	\$ 0	\$ 0	S	\$	\$	\$	\$ 6			
G.		penditures	\$ 6	\$ 0	S	S	\$	\$	\$ 6			
Н,		Contributions			PENDED" COLU	*	17	· ·	\$ 850.00			
1.	-	all expenditures	\$ 0	\$ ()	S	S	Ś	5	\$ 850.00			
	If you sponsored or contributed to any group event or shared expenses, list the total expended in category 5G immediately above. Complete and											
	attach a Schedule B for each event.											