SEP 1 3 2020

WV Ethics Commission

West Virginia Ethics Commission

Lobbyist Activity Report Form

2020-02

West Virginia Ethics Commission Attn: Lobbyist Registrar 210 Brooks St., Ste. 300 Charleston, WV 25301

304-558-0664 For office use only: No faxed copies

Postmark _____ Days late _____

Rec'd____

Late reporting fine - \$10 per business day past the due date (\$250 maximum)

1. Name and contact information											
Name	Jasor	n Pizatella			Phone 304-340-3868						
Business Address 300 Kanawha Boulevard, Eas					t	Business Email jpizatella@spilmanlaw.com					
Business Address Business Email Business Email											
City, State Zip Charleston, WV 25301											
2. Reporting period for which this activity report is being filed											
Check	Report	Period	Due Date								
х	2020-2	5/1/20 - 8/31/20	9/15/2020								
3. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary.											
, America's Health Insurance Plans , DXC MS, LLC											
								3.7 V V V			
3. Dish Network, LLC					6. Enterprise Holdings LLC						
4. Lo	4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."										
Lobby issues re budget: business: energy: environmental: health care: insurance:											
LOD	Lobby issues re buddet, business, energy, environmental; nealth care: insurance: i										

Lobby issues re budget; business; energy; environmental; health care; insurance; taxation; oil/gas; transportation; Medicaid; utilities; and funding of public records

5. Expenditures									
If no expenditures, including campaign contributions, mark here:									
If you spent money on any public official, employee or member of his or her immediate family, list the amounts spent in each of 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.	Meals and Beverages	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
В.	Lodging	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
C.	Advertising	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
D.	Travel	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
E.	Gifts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
F.	Other Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
G.	Group Expenditures	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Н.	Campaign Contributions	LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. \$500.00							
l.	TOTAL of all expenditures	\$0	\$0	\$0	\$0	\$0	\$0	\$500.00	
16	spensored or contributed to a	1		1 -	1	1	**		

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.

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attach a Schedule B for each event.

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Name and contact informatio	n										
Name Jason Pizatella Phone 304-340-3868											
300 Kan	awha Boi	llevard F	ast	inizatella@enilmanlaw.com							
Business Address 300 Kanawha Boulevard, East Business Email jpizatella@spilmanlaw.com											
City, State Zip Charleston, WV 25301											
2. Reporting period for which this activity report is being filed											
Check Report Period Due Date											
x 2020-2 5/1/20 - 8/31/20	9/15/202	0									
3. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary.											
Self Storage Association 4. The Chemours Company											
	Southwestern Energy Meet Didge Inc										
Southwestern Energy Spilman Thomas & Battle, PLLC West Ridge, Inc. West Ridge, Inc.											
Spilman Thomas & Battle, PLLC & Wexford Health Services											
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."											
Lobby issues re bu					tal: healt	h care: i	nsurance:				
taxation; oil/gas; tra											
taxation, oli/gas, tra	arisporta	iion, ivied	ilcaid, uti	illes, and	runuing	oi publ	ic records				
5. Expenditures											
If no expenditures, including camp											
If you spent money on any public official, employee or member of his or her immediate family, list the amounts spent in each of the following categories per each employer you represent. Complete and attach Schedule A to this report.											
Expenditure Categories											
A. Meals and Beverages	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
B. Lodging	\$0	50	\$0	\$0	\$0	\$0	\$0				
C. Advertising	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
D. Travel	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
E. Gifts	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
F. Other Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
G. Group Expenditures	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
H. Campaign Contributions						\$500.00					
I. TOTAL of all expenditures \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$500.00											