

Received

JAN 13 2021

West Virginia Ethics Commission

WV Ethics Commission

# Lobbyist Activity Report Form

2020-03

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:

Postmark \_\_\_\_\_ Rec'd \_\_\_\_\_  
Days late \_\_\_\_\_ Fine \_\_\_\_\_

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

### 1. Name and contact information

Name J. Mark Adkins Phone \_\_\_\_\_  
Business Address 600 Quarrier Street Business Email madkins@bowlesrice.com  
City, State Zip Charleston, WV 25301

### 2. Reporting period for which this activity report is being filed

Check	Report	Period	Due Date				
x	2020-3	9/1/20 - 12/31/20	1/15/2021				

### 3. List all employers/organizations that you represent as a lobbyist

Use additional reporting forms if necessary.

- RAI Services Company
- Multistate Associates / EPIC Pharmacies, Inc.
- Community Bankers of West Virginia
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### 4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."

All of the matters and issues listed on the employer representation authorization form filed in respect to each of these.

### 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	\$	\$	\$	\$	\$	\$	\$
B. Lodging	\$	\$	\$	\$	\$	\$	\$
C. Advertising	\$	\$	\$	\$	\$	\$	\$
D. Travel	\$	\$	\$	\$	\$	\$	\$
E. Gifts	\$	\$	\$	\$	\$	\$	\$
F. Other Expenses	\$	\$	\$	\$	\$	\$	\$
G. Group Expenditures	\$	\$	\$	\$	\$	\$	\$
H. Campaign Contributions	LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. 						\$ 700.00
I. TOTAL of all expenditures	\$	\$	\$	\$	\$	\$	\$ 700.00

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.