Received

JAN 15 2021

West Virginia Ethics Commission

Lobbyist Activity Report Form Ethics Commission

2020-03

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

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| Late reporting fine - \$10 per business day past the due date (\$250 maximum) | | | | | | | | | |
|---|---------------------------|------------|------------|---------------|------------|------------|------------|----|----------|
| 1. Name and contact information | | | | | | | | | |
| Name Shanna Chamble Phone 334-235-01050 Business Address 5075 Titus Rd Business Email | | | | | | | | | |
| City, State Zip 1745 AL 36080 | | | | | | | | | |
| 2. Reporting period for which this activity report is being filed | | | | | | | | | |
| Check Report Period Due Date | | | | | | | | | |
| X | 2020-3 9/1/20 - 12/31/2 | | | | | | | | |
| | | | | | N. S. C. | | | | |
| | | | | | | | | | |
| 2 List all ampleyers (averaginations that you represent as a labelying | | | | | | | | | |
| 3. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary. | | | | | | | | | |
| 1. US Term Zinits 4. | | | | | | | | | |
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| 36 | | | | | | | | | |
| | | | | | | | | | |
| 4. Lobbying activity summary - If there was no activity or expenditures, indicate "none." | | | | | | | | | |
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| | | | | | | | | | |
| 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. | | | | | | | | | |
| Expen | diture Categories | Employer 1 | Employer 2 | Employer 3 | Employer 4 | Employer 5 | Employer 6 | | Expended |
| A. | Meals and Beverages | \$ | \$ | \$ | \$ | \$ | \$ | \$ | 1 |
| B. | Lodging | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| C. | Advertising | \$ | \$ | \$ | \$ | \$ | \$ | \$ | 1 |
| D. | Travel | \$ | \$ | \$ | \$ | \$ | \$ | \$ | 1 |
| E. | Gifts | \$ | \$ | \$ | \$ | \$ | \$ | \$ | - |
| F. | Other Expenses | \$ | \$ | \$ | \$ | \$ | \$ | \$ | - |
| G. | Group Expenditures | \$ | \$ | \$ | \$ | \$ | \$ | \$ | 1 |
| Н. | Campaign Contributions | | | (PENDED" COLU | | HANDEN - P | | \$ | • |
| l. | TOTAL of all expenditures | \$ | \$ | \$ | \$ | \$ | \$ | \$ | 0 |
| 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. | | | | | | | | | |