JAN 1 4 2021

West Virginia Ethics Commission V 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 For office use only: No faxed copies

Postmark Rec'd_ Days late_

| Late reporting fine - \$10 per business day past the due date (\$250 maximum) | | | | | | | Days late | | ine | |
|--|--|----------------------|----------------------|--------|--------------------|---|----------------|----------------|----------------|--|
| 1. Name and contact information | | | | | | | | | | |
| Name Michael DiSabato | | | | | | | | | | |
| EOO Wood Manage | | | | | | Phone 1-202-868-1550 | | | | |
| | | | | | | Business Email michael.disabato@motorolasolutions.com | | | | |
| 43rd FL | | | | | | | | | | |
| City, State Zip Chicago, IL 60661 | | | | | | | | | | |
| | | | | | | | | | | |
| 2. Reporting period for which this activity report is being filed | | | | | | | | | | |
| | | | | | | | | | | |
| Х | 2020-3 | 9/1/20 - 12/31/20 | Due Date 1/15/202 | | | | | - | | |
| | 1020 5 | 3/1/20 12/31/20 | 1/13/202 | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | 3. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary. | | | | | | | | | |
| , Motorola Solutions | | | | | | | | | | |
| , | 4 | | | | | | | | | |
| 2. | 2, 5 | | | | | | | | | |
| 3 6 | | | | | | | | | | |
| | | | | | | | | | | |
| 4. Lobbying activity summary - If there was no activity or expenditures, indicate "none." | | | | | | | | | | |
| NONE | | | | | | | | | | |
| HONE | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 5. Expenditures | | | | | | | | | | |
| the second to th | | | | | | | | | | |
| If you spent money on any public official, employed or mamber of his or hearings of the control | | | | | | | | | | |
| 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 Faculty and Facul | | | | | | | | | | |
| A. | | | \$ | \$ | \$ | \$ | Employer 5 | Employer 6 | Total Expended | |
| B. | Lodging | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| C. | Advertisin | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| D. | Travel | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| E. | Gifts | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| F. | Other Expe | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| G. | Group Exp | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| H. | | | | | | | | | \$ | |
| l, | TOTAL of a | all expenditures | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| If you s | ponsored o | r contributed to any | | | nses, list the tot | al expended in ca | ategory 5G imm | ediately above | 20.00 | |
| 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. | | | | | | | | | | |