

Received

JAN 07 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 Chris Hall Phone 304-982-6050
 Business Address PO Box 11847 Business Email chal@orion-strategies.com
 City, State Zip Charleston, WV 25339

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.

- | | |
|--------------------------------|----------|
| 1. <u>Mon Health Care, Inc</u> | 4. _____ |
| 2. <u>New Venture Fund</u> | 5. _____ |
| 3. <u>Orion Strategies</u> | 6. _____ |

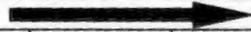
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."

Taxation, Energy, Health Care Authority, Education, COVID-19, General Law, Health Care,

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
B. Lodging	\$0	\$0	\$0	\$	\$	\$	\$0
C. Advertising	\$0	\$0	\$0	\$	\$	\$	\$0
D. Travel	\$0	\$0	\$0	\$	\$	\$	\$0
E. Gifts	\$0	\$0	\$0	\$	\$	\$	\$0
F. Other Expenses	\$0	\$0	\$0	\$	\$	\$	\$0
G. Group Expenditures	\$0	\$0	\$0	\$	\$	\$	\$0
H. Campaign Contributions	LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. 						\$2500
I. TOTAL of all expenditures	\$0	\$0	\$0	\$	\$	\$	\$2500

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.