## Received

## MAY 17 2021

## WV Ethics Commission

**West Virginia Ethics Commission** 

## **Lobbyist Activity Report Form**

2021-01

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

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

| Charleston, W 25301    | Jam                      | Mark Clark   |  |  |   | Phone   | 304-340-  | 3876  |                                       |
|--|--------------------------|--|--|--|---|---|---|---|---------------------------------------|
| City, State Zip Charleston, WV 25301  Reporting period for which this activity report is being filled  Check Report Period Due Date  |                          | 300 Kanawha F  | Boulevar   | d. East  |   | - rione_  | nclark@s  | pilmanla                                    | w.com                                 |
| Reporting period for which this activity report is being filled  Check Report Period Due Date x 2021-01 3/1/21 - 4/30/21 5/17/21  List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary.  1. Gas & Oil Association of West Virginia 2. 5. 3. 6.  Lobbying activity summary - If there was no activity or expenditures, indicate "none."  None  Expenditures In a 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 ategories 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 Expent  Expenditure Categories  Employer 1 Employer 2 Employer 3 Employer 4 Employer 5 Employer 6 Total Expent  Expenditure Categories  Employer 1 Employer 2 Employer 3 Employer 4 Employer 5 Employer 6 Total Expent  Expenditure Categories  Employer 1 Employer 2 Employer 3 Employer 4 Employer 5 Employer 6 Total Expent  Expenditure Categories  Employer 1 Employer 2 Employer 3 Employer 4 Employer 5 Employer 6 Total Expent  Expenditure Categories  Employer 1 Employer 2 Employer 3 Employer 4 Employer 5 Employer 6 Total Expent  Expenditure Categories  Employer 1 Employer 9 Empl | Addr                     | ess  | - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3  | .,   |   | Email _   |   | Pilitiania                                  |                                       |
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| 2  |                          | List all employers/organization  | ns that you rep  | resent as a lobb   | yist  | Us  | e additional rej  | porting forms i                             | f necessary.                          |
| 2  |                          | Gas & Oil Associat   | ion of Wes   | st Virginia  | 4   |   |   |   |                                       |
| 3  |                          |  |  |  |   |   |   |   | 2.117                                 |
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| Figure 2 Septemble |                          |  |  |  |   |   |   |   |                                       |
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| A. Meals and Beverages   | NC<br>Fno                | Expenditures expenditures, including campa   | there was no a   | ons, mark here:  | his or her immed  | diate family, list  | the amounts sp  | ent in each of t                            | the following                         |
| Lodging   \$   \$   \$   \$   \$   \$   \$   \$   \$   | NC.                      | Expenditures expenditures, including campa spent money on any public of ories per each employer you re   | there was no a<br>sign contributio<br>ficial, employee<br>epresent. Comp   | ons, mark here:<br>e or member of<br>olete and attach                            | his or her immed  | diate family, list  |   | ,   |                                       |
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| D. Travel         \$  | NC                       | Expenditures expenditures, including campa spent money on any public of ories per each employer you re nditure Categories Meals and Beverages  | there was no a   | ons, mark here:<br>e or member of<br>olete and attach<br>Employer 2              | his or her immet<br>Schedule A to ti<br>Employer 3  | diate family, list i<br>his report.<br>Employer 4                   | Employer 5  | Employer 6                                  | Total Expende                         |
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