Received

MAY 12 2021

WV Ethics Commission

West Virginia Ethics Commission

Lobbyist Activity Report Form 2021-01

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_

OFFICE STREET, SALES	ame and co	ntact information							
Name	Andrew	Corsig				Phone 5	13-766-6514	1	
Address 201 E. Fifth Street, Suite 1900					Email acorsig@phrma.org				
Address 201 L. 1 IIII Gueet, Guile 1900					Email acorsig@phima.org				
					A				
City. S	tate 7in Ci	incinnati, Ohio 4	5202						
2 0		aland for a blob able		- (- b - t 61 - d	10 to	Additional to the second secon			
2. R Check	-	riod for which this Period	Due Date	t is being theo					
	······································	1/1/21 - 4/30/21	5/17/21			March 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		W. W. a. a. de alexandra and a second a second and a second a second and a second a second a second a second a second a second and a second and a second and a second and a se	
X	2021-01	1/1/21 - 4/30/21	3/2//22					A.A. F. V. Calabara and F. C. Ville and	
-	+		+	1			-		
	1	L		distance of the same of the sa		The Real Property lies	1		
I. Li	st all empio	yers/organizations	s that you repr	resent as a lobb	yist	Use	e additional rep	orting forms if	f necessary.
1	Pharmacautica	al Research and Manufacto	urers of America (Pl	hRMA)	A				

-					5.				
4.									
3.	obbying act				6,				
3.	obbying act				6,				
Non	obbying act	ivity summary - If t			6,				
Non	obbying act e. xpenditure:	ivity summary - If t	here was no a	ctivity or expe	6,				
Non	obbying act e. xpenditure: xpenditure:	ivity summary - If t	there was no a	ctivity or expe	6	e "none."			the following
Non	obbying act O. Expenditure: E	ivity summary - If t is s, including campai	there was no a	ens, mark here:	6,	e "none."			the following
Non	e. xpenditure: xpenditure: xpenditure: xpenditure: xpenditure: xpenditure:	ivity summary - If t s, including compoi y on any public offi ch employer you re	gn contribution icial, employeespresent. Com	ens, mark here: on member of plete and attack	nditures, indicat	e "none." diate family, list this report.	the amounts sp	ent in each of t	
Non	e. xpenditure: xpenditure: xpenditure: spent mone ries per eac diture Cate	ivity summary - If t is, including campai isy on any public offi themployer you re gories	in the state of th	ens, mark here: or member of plete and attack	his or her immen	e "none." diate family, list this report. Employer 4	the amounts sp	ent in each of t	Total Expende
3. Lo Non	e. Expenditure: Expenditure: Expenditure: Expenditure	ivity summary - If t s, including compoi y on any public offi ch employer you re	ign contribution ciclal, employee present. Complements	ens, mark here: or member of plete and attach Employer 2	his or her immen Schedule A to t	e "none." diate family, list this report. Employer 4	the amounts sp	ent in each of t Employer 6	Total Expende
3. Non i. La Non ii. E fno e fyou catego Expen a. 3.	expenditure: expenditure: expenditure: spent mone ories per eac diture Cate Meals and Lodging	ivity summary - If t is, including campai by on any public offi themployer you re gories d Beverages	ign contribution icial, employee present. Complemployer 1 \$0 \$0	ens, mark here: or member of plete and attach Employer 2 \$	his or her immen Schedule A to t	e "none." diate family, list this report. Employer 4 \$	the amounts sp Employer 5 \$	ent in each of t Employer 6 \$	Total Expende \$0 \$0
3. Non i. Lo Non ii. E fnoe fyou categor categor xategor	expenditure: expenditure: expenditure: expenditure: file and	ivity summary - If t is, including campai by on any public offi themployer you re gories d Beverages	gn contribution icial, employee present. Com Employer 1 \$0 \$0 \$0	ens, mark here: or member of plete and attach Employer 2 \$ \$ \$	his or her immen Schedule A to t	e "none." diate family, list this report. Employer 4 \$ \$	Employer 5	ent in each of t Employer 6 \$ \$ \$	Total Expende \$0 \$0 \$0
3. Lo Non Si. E fno e fyou aatego Expen A. B. C. D.	expenditure: xpenditure: xpenditure: xpenditure xpenditure include and include	ivity summary - If t is, including campai by on any public offi themployer you re gories d Beverages	ign contribution icial, employee present. Comp Employer 1 \$0 \$0 \$0 \$0	ens, mark here: e or member of plete and attach Employer 2 \$ \$ \$ \$	his or her immen Schedule A to t	e "none." diate family, list this report. Employer 4 \$ \$ \$	Employer 5 \$ \$ \$ \$	ent in each of t Employer 6 \$ \$ \$ \$	Total Expende \$0 \$0 \$0 \$0
3. L. Lo Non Signature Signatur	e. Expenditure: Expenditure: Expenditure: Expenditure: Expenditure Expenditur	ivity summary - If the second of the second	gn contribution iclair, employee present. Complement 1 \$0 \$0 \$0 \$0 \$0 \$0 \$0	ens, mark here: e or member of plete and attack Employer 2 \$ \$ \$ \$ \$	his or her immen Schedule A to t Employer 3 \$ \$ \$ \$	e "none." diate family, list this report. Employer 4 \$ \$ \$ \$ \$	Employer 5 \$ \$ \$ \$ \$ \$	ent in each of t Employer 6 \$ \$ \$ \$ \$ \$	Total Expende \$0 \$0 \$0 \$0 \$0 \$0 \$0
3. L. Lo Non So. E froe fyou categor A A D D E F F	xpenditure: xpenditure: xpenditure: xpenditure xpenditure xpenditure xpenditure xpenditure xpenditure Advertisin Travel Gifts Other Exp	ivity summary - If to so, including campai by on any public offich employer you regaries diseverages	gn contribution iclair, employee present. Complement 1 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	ens, mark here: e or member of plete and attack Employer 2 \$ \$ \$ \$ \$ \$	his or her immen Schedule A to t Employer 3 \$ \$ \$ \$ \$	e "none." diate family, list this report. Employer 4 \$ \$ \$ \$ \$	Employer 5 \$ \$ \$ \$ \$ \$ \$ \$	ent in each of t Employer 6 \$ \$ \$ \$ \$ \$ \$	Total Expende \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
Non	xpenditure: xpenditure: xpenditure: spent mone ories per eac diture Cate Meals and Lodging Advertisir Travel Gifts Other Exp	ivity summary - If the second of the second	gn contribution iclair, employee present. Complement So	ens, mark here: e or member of plete and attack Employer 2 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	his or her immen Schedule A to t Employer 3 \$ \$ \$ \$	e "none." diate family, list this report. Employer 4 \$ \$ \$ \$ \$ \$ \$ \$	Employer 5 \$ \$ \$ \$ \$ \$	ent in each of t Employer 6 \$ \$ \$ \$ \$ \$	Total Expende \$0 \$0 \$0 \$0 \$0 \$0 \$0

Continued on page 2