## MAY 17 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:

Days lete

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

| 1. N                       | ame and contact information   | 1               |                  |                                         |                   |                               |                  |                 |  |  |  |
|----------------------------|-------------------------------|-----------------|------------------|-----------------------------------------|-------------------|-------------------------------|------------------|-----------------|--|--|--|
| Name Jeff Fritz            |                               |                 |                  |                                         |                   | Phone (260) 485-3015          |                  |                 |  |  |  |
| Address 9512 Sea View Cove |                               |                 |                  |                                         |                   | Email jeff.fritz@chemours.com |                  |                 |  |  |  |
| Addres                     |                               |                 |                  |                                         | Email )           | J                             | 011100110100     |                 |  |  |  |
|                            | Fort Wayne IN                 | 4000E           |                  |                                         |                   |                               |                  |                 |  |  |  |
| City, S                    | tate Zip Fort Wayne, IN       | 40033           |                  |                                         |                   |                               |                  |                 |  |  |  |
|                            |                               |                 |                  | *************************************** |                   |                               |                  |                 |  |  |  |
|                            | eporting period for which thi |                 | t is being filed |                                         |                   |                               |                  |                 |  |  |  |
| Check                      | Report Period                 | Due Date        | -                |                                         |                   |                               |                  |                 |  |  |  |
| X                          | 2021-01 1/1/21 - 4/30/21      | 5/17/21         | -                |                                         |                   |                               |                  |                 |  |  |  |
|                            |                               |                 |                  |                                         |                   |                               |                  |                 |  |  |  |
|                            |                               |                 |                  |                                         |                   |                               |                  |                 |  |  |  |
|                            | st all employers/organization | T-100           | esent as a lobb  | yist                                    | Us                | e additional rep              | orting forms i   | f necessary.    |  |  |  |
| 1.                         | The Chemours Compa            | ny              |                  | 4                                       |                   |                               |                  |                 |  |  |  |
| 2                          |                               |                 |                  |                                         |                   |                               |                  |                 |  |  |  |
| 2.                         |                               |                 |                  | 5                                       |                   |                               |                  |                 |  |  |  |
| 3.                         |                               |                 |                  | 6                                       |                   |                               |                  |                 |  |  |  |
|                            |                               |                 |                  |                                         |                   |                               |                  |                 |  |  |  |
| 4. Lo                      | obbying activity summary - If | there was no a  | ctivity or exper | nditures, indicate                      | e "none."         |                               | ****             |                 |  |  |  |
| Bus                        | iness Taxes; Econo            | mic Devel       | opment; V        | Vater Quali                             | ty Standard       | ds                            |                  |                 |  |  |  |
|                            |                               |                 |                  |                                         |                   |                               |                  |                 |  |  |  |
|                            |                               |                 |                  |                                         |                   |                               |                  |                 |  |  |  |
|                            |                               |                 |                  |                                         |                   |                               |                  |                 |  |  |  |
| 5. Ex                      | (penditures                   |                 |                  |                                         |                   | Actual Control                |                  |                 |  |  |  |
|                            | xpenditures, including campa  | lan contributio | ns mark here.    |                                         |                   |                               |                  | W.L.            |  |  |  |
| -                          | spent money on any public of  |                 |                  | his or her immer                        | liate family list | he amounts so                 | ent in each of t | he following    |  |  |  |
|                            | ries per each employer you re |                 |                  |                                         |                   | ine amounts sp                | ent in each or   | ine following   |  |  |  |
|                            | diture Categories             | Employer 1      | Employer 2       | Employer 3                              | Employer 4        | Employer 5                    | Employer 6       | Total Expended  |  |  |  |
| Α.                         | Meals and Beverages           | \$896.05        | \$               | \$                                      | \$                | \$                            | \$               | \$896.05        |  |  |  |
| В.                         | Lodging                       | \$              | \$               | \$                                      | \$                | \$                            | \$               | \$              |  |  |  |
| C.                         | Advertising                   | \$              | \$               | \$                                      | \$                | \$                            | \$               | \$              |  |  |  |
| D.                         | Travel                        | \$              | \$               | \$                                      | \$                | \$                            | \$               | \$              |  |  |  |
| E.                         | Gifts                         | \$              | \$               | \$                                      | \$                | \$                            | \$               | \$              |  |  |  |
| F.                         | Other Expenses                | \$              | \$               | \$                                      | \$                | \$                            | \$               | \$              |  |  |  |
| G.                         | Group Expenditures            | \$              | \$               | \$                                      | \$                | \$                            | \$               | \$              |  |  |  |
| H.                         | Campaign Contributions        | LIST AMOUN      | T IN "TOTAL EX   | PENDED" COLU                            | MN.               |                               | -                | \$              |  |  |  |
| l.                         | TOTAL of all expenditures     | \$894.05        |                  | \$                                      | \$                | \$                            | \$               | \$ 896.05       |  |  |  |
| -                          | sponsored or contributed to a | ny group event  | or shared expe   | nses, list the tot                      | al expended in c  | ategory 5G imm                | nediately above  | e. Complete and |  |  |  |
| attach                     | a Schedule B for each event.  |                 |                  |                                         |                   |                               |                  |                 |  |  |  |

Continued on page 2

|                                                                                                                                                |                                                            | Name: Jo                                                   | eff Fritz                                         |                                           |                                       |                                 | Date:                  | 5/7/2021             |
|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------------|-------------------------------------------|---------------------------------------|---------------------------------|------------------------|----------------------|
| chedule A: WV Lol                                                                                                                              |                                                            |                                                            |                                                   |                                           |                                       |                                 |                        |                      |
| omplete this form if you ha<br>uring this reporting period.<br>ifts, (5) Other Expenditures                                                    | If you have ma                                             | de expenditures                                            | in these cate                                     | gories - (1) N                            | Aeals & Bev                           |                                 |                        |                      |
| you shared any of these ex<br>ame. You are not required<br>ontributions] and Group En<br>chedule B.                                            | to report on Sch                                           | nedule A detaile                                           | d expenditure                                     | s on Adverti                              | sing, Contri                          | butions (inc                    | uding p                | olitical             |
| Expenditure Details eport all expenditures in ar nose reported in Section 1a eported on Schedule B. Tra                                        | ny of the categor<br>or 2 (below) or<br>insfer the totals  | ries listed below<br>any portion of a<br>to section 5 on t | on a particula<br>a "Group Ente<br>the Lobbyist A | r person or<br>rtainment"<br>ctivity Repo | member of<br>OR "Shared               | Expense" ev                     | ent wh                 | ich are to be        |
| bbyist, identify who shared<br>ecipient name(s) and date                                                                                       | Meals & beverages                                          | Lodging                                                    | Travel                                            | Gifts                                     | Other                                 | Total \$<br>expended            |                        |                      |
| SEE ATTACHE                                                                                                                                    | D                                                          | Develages                                                  |                                                   |                                           |                                       |                                 | ехр                    | ended                |
|                                                                                                                                                |                                                            |                                                            |                                                   |                                           | -                                     |                                 | +                      |                      |
|                                                                                                                                                |                                                            |                                                            |                                                   |                                           |                                       |                                 |                        |                      |
|                                                                                                                                                |                                                            |                                                            |                                                   | -                                         | -                                     | -                               | -                      |                      |
| TOTAL Expendit                                                                                                                                 |                                                            |                                                            |                                                   |                                           |                                       |                                 | 896.05                 |                      |
| Gifts (Group)                                                                                                                                  |                                                            |                                                            |                                                   |                                           |                                       |                                 |                        |                      |
| dinarily gifts to individual<br>the House or Senate, the<br>oup it was given and the to<br>ansfer the total cost to the<br>escribe the gift(s) | entire Legislatur<br>otal cost. You ne<br>Lobbyist Activit | e or to standing<br>eed not list each                      | or joint comm<br>legislator who<br>n 5E.          | received the                              | be listed he                          | ere. Describ<br>the name o      | e the ite<br>f the gre | em, to which         |
|                                                                                                                                                |                                                            |                                                            |                                                   |                                           | · · · · · · · · · · · · · · · · · · · |                                 |                        |                      |
| . Participation in a Pa                                                                                                                        | nel or Speaki                                              | ng Engageme                                                | nt                                                | Jesus                                     |                                       |                                 | I                      |                      |
| eport expenditures on a pa<br>articipation in a panel or sp                                                                                    |                                                            |                                                            |                                                   |                                           |                                       |                                 |                        | ual's                |
| cipient name and event                                                                                                                         | Meals & beverages                                          | Lodging                                                    |                                                   |                                           | Sched                                 | Scheduled entertainn<br>& other |                        | Total \$<br>expended |
|                                                                                                                                                |                                                            |                                                            |                                                   |                                           |                                       |                                 |                        |                      |
|                                                                                                                                                |                                                            |                                                            |                                                   |                                           |                                       |                                 |                        |                      |
| . Subjects of Lobbying                                                                                                                         | ,                                                          |                                                            |                                                   |                                           |                                       |                                 |                        |                      |