SEP 02 2021

WV Ethics Commission

West Virginia Ethics Commission

Lobbyist Activity Report Form

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:

Late r	eporting fin	e - \$10 per bush	ness day pas	t the due date	(\$250 maxim	um) Days inte_		Fine		
1. N	ame and con	tact information								
Nama	Jason W	/ebb				Dhana S	304-415-93	322		
			-iva			Phone 304-415-9322 Email Jason@cawv.com				
Addre	SS OUSU D	ennington D	live			Email J	ason@cav	vv.com		
City, S	tate Zip Cr	oss Lanes, \	NV 25313							
2. R	eporting peri	od for which this	activity report	is being filed						
Check	7	Period	Due Date		and the commence of the commen					
x	2021-2	5/1/21-8/31/21	9/15/21	1200000						
				-						
3. L	ist all employ	ers/organizations	that you repr	esent as a lobb	yist	Use	e additional rep	orting forms if	f necessary.	
1.	AFLAC				4 Car	Capitol Advocates, LLC				
	Anheuse	er-Busch			-	nesis Partne				
				-			013			
3.	Appalac	hian Power			6. <u>Sar</u>	elite Group				
Non	e									
					1					
	xpenditures	including campai			X					
If you catego	spent money ories per each	on any public offi employer you rep	cial, employee present. Comp	or member of	his or her imme Schedule A to t	his report.				
-	diture Catego		Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended	
A.	Meals and I	Beverages	\$	\$	\$	\$	\$	\$	\$	
В.	Lodging		\$	\$	\$	\$	\$	\$	\$	
C.	Advertising		\$	\$	\$	\$	\$	\$	\$	
D. E.	Travel Gifts		\$	\$	\$	\$	\$	\$	\$	
F.	Other Expe	neae	\$	Ś	\$	\$	\$	\$	Ś	
F.	Group Expe		\$	\$	Š	\$	\$	\$	\$	
G		initui es	4				13	1 3	7	
G.		ontributions	LICT ABADUM	T IN TOTAL EN	DENDED" COLL	AAA:			e	
G. H.	Campaign (Contributions Il expenditures	LIST AMOUN	T IN "TOTAL EX	S S	MN.	T è	İs	\$ \$0	

attach a Schedule B for each event.

West Virginia Ethics Commission

Lobbyist Activity Report Form

2021-02

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304-558-0664

For office use only:

No faxed copies

	me and co	ntact information									
Name Jason Webb						Phone 304-415-9322					
Address 5030 Bennington Drive						Email Jason@cawv.com					
						CITIEN					
ity, Sta	te Zip C	ross Lanes, V	VV 25313								
Rep	oorting pe	riod for which this	activity report	is being filed							
heck	Report	Period	Due Date								
x	2021-2	5/1/21-8/31/21	9/15/21								
List	all emplo	yers/organizations	that you repr	esent as a lobb	yist	Use	additional rep	orting forms if	necessary.		
1. SCIC						4 T-Mobile 7. WVRA					
						s. Uber Technologies					
2 Stride, Inc.											
3. SWaN Hill Top House Hotel						6. United Bridge Partners, LLC					
3.											
3											
		lvity summary - If t	here was no a	ctivity or expen	ditures, indicate	"none."					
. Lot	obying act	ivity summary - If t	here was no a	ctivity or expen	ditures, indicate	"none."					
. Lot	obying act	ivity summary - If t	here was no a	ctivity or expen	ditures, indicate	"none."					
Lot	obying act	ivity summary - If t	here was no a	ctivity or expen	ditures, indicate	"none."					
. Lot	obying act	ivity summary - If t	here was no a	ctivity or expen	ditures, indicate	"none."					
None	obying act		here was no a	ctivity or expen	ditures, indicate	"none."					
. Lot	obying act	S			ditures, indicate	"none."					
. Lot	obying act	s s, including campai	gn contributio	ns, mark here:	X		the amounts on	ent in each of t	he following		
. Lot	penditures	s s, including campai ry on any public offi	<i>gn contributio</i> cial, employee	ns, mark here:	fis or her immed	llate family, list	the amounts sp	ent in each of t	he following		
. Lot None . Exp no exp you sp	penditure: pend mone	s s, including campai ry on any public offi ch employer you rej	<i>gn contributio</i> cial, employee	ns, mark here:	fis or her immed	llate family, list	the amounts sp	ent in each of t	he following Total Expende		
Exp no exp you sp ategori	penditure: penditure: pent mone ies per eac	s, including campai ry on any public offi ch employer you re gories	gn contributio cial, employee present. Comp	ons, mark here: or member of plete and attach	is or her immed Schedule A to ti	llate family, list this report.					
. Lot None . Exp f no exp f you sp ategori expendi	penditure: penditure: pent mone ies per eac	s s, including campai ry on any public offi ch employer you rej	gn contributio cial, employee oresent. Comp Employer 1	ns, mark here: or member of polete and attach Employer 2	fis or her immed Schedule A to the Employer 3	llate family, list nis report. Employer 4	Employer 5	Employer 6	Total Expende		
. Lot None . Exp f no exp f you sp ategori expendi	penditure: penditure: pent mone ies per eac iture Cate Meals and	s, including campai ry on any public offi ch employer you re gories d Beverages	gn contributio cial, employee oresent. Comp Employer 1	or member of plete and attach Employer 2	s or her immed Schedule A to ti Employer 3	llate family, list nis report. Employer 4	Employer 5	Employer 6/	Total Expende		

TOTAL of all expenditures \$ \$ 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.

\$

LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.

\$

Continued on page 2

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Other Expenses

Group Expenditures

Campaign Contributions

F.

G.