## SEP 15 2021

## WV Ethics Commission

**West Virginia Ethics Commission** 

## **Lobbyist Activity Report Form**

2021-02

**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 reporting fine - \$10 per business day past the due date (\$250 maximum)								Fine		
1. Name and contact information										
Name Chris Weikle Phone 304-406-8024										
Address 1300 Fort Pierpont Drive							Email chris_weikle@swn.com			
Suite 201										
City, State Zip Morgantown, WV 26508										
2. Reporting period for which this activity report is being filed										
2. Reporting period for which this activity report is being filed  Check Report Period Due Date										
X	2021-2	5/1/21-8/31/21	9/15/21		<sup>16</sup> 6					
	20222	3/1/21 0/31/21	3/13/21	- 6						
				45	and the second s	4				
3. List all employers/organizations that you represent as a lobbyist  Use additional reporting forms if necessary.										
-										
1.	1. Southwestern Energy 4.									
2.	2 5									
3.	36									
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none." NONE										
To solve account summer y - II there was no account of expendicules, indicate noise.										
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.										
Expend	liture Categ	ories	Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended	
A.	Meals and	Beverages	\$	\$	\$	\$	\$	\$	\$	
B.	Lodging		\$	\$	\$	\$	\$	\$	\$	
C.	Advertisin	g	\$	\$	\$	\$	\$	\$	\$	
D.	Travel		\$	\$	\$	\$	\$	\$	\$	
E.	Gifts		\$	\$	\$	\$	\$	\$	\$	
F.	Other Exp		\$	\$	\$	\$	\$	\$	\$	
G.	Group Exp		\$	\$	\$	\$	\$	\$	\$	
H.	Campaign Contributions LIST AMOUNT IN "TOTA				· · · · · · · · · · · · · · · · · · ·	IN.			\$0	
I.		all expenditures	\$	\$	\$	\$	\$	\$	\$0	
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.										