RECEIVED

By Ethics Commission at 4:46 pm, Sep 08, 2022

West Virginia Ethics Commission

Lobbyist Activity Report Form

2022-02

L. N	ame and co	intact information								
Name Nicole Christian						Phone	Phone 304-340-4254			
Address 1116 Smith Street						Email richristian@charlestonwvchamber.com				
Address 1110 Office of Control						Email Tourisdant & Control of the Control				
City, Si	tate Zip C	charleston, WV	25301							
2. R	eporting pe	riod for which this	activity repor	t is being filed						
Check	Report	Period	Due Date							
×	2022-2	5/1/22-8/31/22	9/15/22							
3. Li	st all emplo	yers/organizations	that you rep	resent as a lobb	yist	Us	e additional rej	oorting forms i	f necessary.	
	Charlest	on Regional Ch	amber of C	ommerce	4					
					_ ~					
2.	,				5					
3.					6					
3. 1. La	obbying act	ivity summary - If t	here was no a							
a. None	obbying act	ivity summary - If t	here was no a							
3. 4. La None	obbying act	ivity summary - If t		ctivity or exper						
None	obbying act	ivity summary - If t	gn contributio	ctivity or exper	nditures, indicat	e "none."		ent in each of	the following	
None None If no excatego	expenditure: Ex	ivity summary - if t s s, including campai ch employer you rej	ign contributio icial, employee present. Comp	ens, mark here:	his or her immed	e "none." diate family, list his report.	the amounts sp	,		
None None If no excatego	expenditure:	ivity summary - if t s s, including campai ch employer you rej	ign contributio	ens, mark here:	his or her immed	diate family, list his report. Employer 4	the amounts sp	Employer 6	Total Expende	
None None froe fyous	xpenditure: xpenditure: xpend mone ries per eac diture Cate	ivity summary - if t s s, including campai ch employer you rej	gn contributio cial, employee present. Comp Employer 1 \$0	ens, mark here: or member of olete and attach Employer 2	his or her immed Schedule A to t	diate family, list his report. Employer 4	the amounts sp	Employer 6	Total Expende	
None None froe froe catego Expenda B.	xpenditure: xpenditure: xpend mone ries per eac diture Cate	ivity summary - If t s s, including campai ey on any public offi ch employer you re gories	ign contribution cial, employee present. Complement is a contract of the contr	ens, mark here: or member of plete and attach Employer 2 \$0 \$0	his or her immed Schedule A to t Employer 3	diate family, list this report. Employer 4 \$0 \$0	the amounts sp Employer 5 \$0 \$0	Employer 6 \$0 \$0	Total Expende	
None None From Example 1. Let	expenditures expenditures expenditures expenditure diture Cate Meals and Lodging Advertisin	ivity summary - If t s s, including campal ey on any public offi ch employer you rej gories d Beverages	ign contribution cial, employee present. Comp Employer 1 \$ 0 \$ 0 \$ 0	ons, mark here: or member of plete and attach Employer 2 \$0 \$0 \$0	his or her immer Schedule A to to Employer 3	diate family, list this report. Employer 4 \$0 \$0	Employer 5 \$0 \$0 \$0	Employer 6 \$0 \$0 \$0	Total Expende \$0 \$0 \$0	
None None fyou satego Expenies A. B. C. D.	expenditures expenditures expenditures expenditure diture Cate Meals and Lodging	ivity summary - If t s s, including campal ey on any public offi ch employer you rej gories d Beverages	gn contribution cial, employee present. Comp Employer 1 \$0 \$0 \$0 \$0 \$0	ens, mark here: or member of olete and attach Employer 2 \$0 \$0 \$0 \$0	his or her immed Schedule A to to Employer 3 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0	diate family, list his report. Employer 4 \$0 \$0 \$0 \$0	Employer 5 \$0 \$0 \$0 \$0	Employer 6 \$0 \$0 \$0 \$0	Total Expende \$0 \$0 \$0 \$0 \$0	
3. Lo None Solution None From each of your statego Expenion A. B. C. D.	expenditures expenditures expenditures expenditure diture Cate Meals and Lodging Advertisin	ivity summary - If t s s, including campal ey on any public offi ch employer you rej gories d Beverages	ign contribution clai, employee present. Comp Employer 1 \$0 \$0 \$0 \$0 \$0 \$0	ens, mark here: or member of olete and attach Employer 2 \$0 \$0 \$0 \$0 \$0	his or her immed Schedule A to t Employer 3 \$0 \$0 \$0 \$0	diate family, list his report. Employer 4 \$0 \$0 \$0 \$0 \$0	Employer 5 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0 \$0	Total Expende \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	
None None froe gray atego Expenda B. C. D. E.	expenditure: ex	ivity summary - If to see, including campal ey on any public offi ch employer you reg gories id Beverages	ign contribution clai, employees present. Comp Employer 1 \$0 \$0 \$0 \$0 \$0 \$0 \$0	ens, mark here: or member of olete and attach Employer 2 \$0 \$0 \$0 \$0 \$0 \$0	his or her immed Schedule A to t Employer 3 \$0 \$0 \$0 \$0 \$0 \$0	diate family, list his report. Employer 4 \$0 \$0 \$0 \$0 \$0 \$0	Employer 5 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Employer 6 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Total Expende \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	
None None If no excatego	expenditure: Ex	ivity summary - If to see, including campal ey on any public offi ch employer you reg gories id Beverages	gn contribution cial, employees present. Comp Employer 1 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	ens, mark here: or member of olete and attach Employer 2 \$0 \$0 \$0 \$0 \$0 \$0 \$0	his or her immed Schedule A to t Employer 3 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	diate family, list his report. Employer 4 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Employer 5 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0 \$0	Total Expende \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	
None None None If no expenda Expenda D. E. F.	xpenditure: xpenditure: xpenditure: spent mone ries per ead diture Cate Meals and Lodging Advertisin Travel Gifts Other Exp	ivity summary - If to see, including campal ey on any public offi th employer you reg gories if Beverages	gn contribution cial, employees present. Comp Employer 1 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	ens, mark here: or member of olete and attach Employer 2 \$0 \$0 \$0 \$0 \$0 \$0 \$0	his or her immed Schedule A to t Employer 3 \$0 \$0 \$0 \$0 \$0 \$0	diate family, list his report. Employer 4 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Employer 5 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Employer 6 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Total Expende \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	