Received

SEP 0 6 2022

WV Ethics Commission

West Virginia Ethics Commission

Lobbyist Activity Report Form 2022-02

West Virginia Ethics Commission Attn: Lobbyist Registrar

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

210 Brooks St., Ste. 300 Charleston, WV 25301 304-558-0664 No faxed copies For office use only: Postmark Days late

	Mark Polon					04 345 200	0		
Name Mark Polen					Phone 304-345-2000				
Address LGCR Government Solutions					Email T	Email mpolen@lgcr.com			
	300 Summers Street	Suite 700							
	State Zip Charleston, WV	25301							
ity,	State Zip Charlotton, ***	20001							
. 1	Reporting period for which th	s activity renor	t is heing filed						
heck		Due Date	l l l l l l l l l l l l l l l l l l l						
x	2022-2 5/1/22-8/31/22								
. 1	ist all employers/organizatio	ns that you rep	resent as a lobb	yist	Use	additional rep	orting forms i	necessary.	
1	. WV Cable Telecommu	nications Ass	sociation	₄ Erie	Insurance 8	. Columbia	Care		
			5. REM WV Community Options 9. Pfizer						
	2. Highmark WV Blue Cross Blue Shield				6. Wine Institute 10. Comcast				
						Comcast			
. (. US Cellular 7. Pilgrim	there was no a		nditures, indicate	e "none."				
l. (there was no a		nditures, indicate	e "none."		tters of general in	nterest to business	
Telec	obbying activity summary - It	there was no a		nditures, indicate	e "none."		ters of general in	nterest to business	
I. I	.obbying activity summary - Is ommunications, insurance, health	there was no a care, budget, alco	ohol, medical can	nditures, indicate	e "none."		iters of general in	nterest to business	
Teleco	.obbying activity summary - Isommunications, insurance, health	there was no a care, budget, alco	ohol, medical can	nditures, indicate	e "none." icals, Medicaid, ag	riculture and mat			
I. I	cobbying activity summary - Incommunications, insurance, health in	there was no a care, budget, alco	ons, mark here:	nditures, indicate	e "none." icals, Medicaid, ag	riculture and mat			
i. I	cobbying activity summary - It communications, insurance, health support the support of the supp	there was no a care, budget, alco aign contribution fficial, employee epresent. Com	ons, mark here: or member of plete and attach	nditures, indicate nabis, pharmaceut his or her immed	e "none." icals, Medicaid, ag liate family, list t nis report.	riculture and mai	ent in each of t	he following	
i. I	expenditures expenditures, including camp expend money on any public of ories per each employer your	care, budget, alco	ons, mark here: or member of plete and attach	his or her immed Schedule A to the	e "none." icals, Medicaid, ag liate family, list this report. Employer 4	the amounts sp	ent in each of t	he following Total Expende	
Felección from from from from from from from from	Expenditures expenditures, including camp spent money on any public o ories per each employer you inditure Categories Meals and Beverages	intere was no a care, budget, alco	ons, mark here: e or member of plete and attach Employer 2	his or her immed Schedule A to the	e "none." icals, Medicaid, ag liate family, list this report. Employer 4	the amounts sp	ent in each of t Employer 6	he following Total Expende	
. If for fivour ategrates at the state of th	Expenditures expenditures, including camp expenditures, including camp expenditures or any public of ories per each employer your inditure Categories Meals and Beverages Lodging	intere was no a care, budget, alcoming contribution fficial, employee epresent. Complete Employer 1	ons, mark here: e or member of plete and attach Employer 2	his or her immed Schedule A to the	icals, Medicaid, against the family, list the family, list the family are port. Employer 4 \$ \$	the amounts sp	ent in each of t Employer 6 \$	he following Total Expende \$ \$	
fno i you ateg	Expenditures expenditures, including camp spent money on any public o ories per each employer you inditure Categories Meals and Beverages	ithere was no a care, budget, alco	ens, mark here: e or member of plete and attach Employer 2 \$ \$	his or her immed Schedule A to the Employer 3	e "none." icals, Medicaid, ag liate family, list this report. Employer 4	the amounts sp	ent in each of t Employer 6 \$ \$	he following Total Expende	
Felección formatega (xpera).	Expenditures expenditures, including camp spent money on any public o ories per each employer you inditure Categories Meals and Beverages Lodging Advertising	there was no a care, budget, alco	ons, mark here: or member of plete and attach Employer 2 \$ \$ \$	his or her immed schedule A to the Employer 3 \$ \$ \$	diate family, list this report. Employer 4 \$ \$ \$	the amounts sp	ent in each of t Employer 6 \$	he following Total Expende \$ \$ \$ \$ \$	
fno fyou ateg	Expenditures expenditures, including camp spent money on any public o ories per each employer you re inditure Categories Meals and Beverages Lodging Advertising Travel	there was no a care, budget, alco	ens, mark here: e or member of plete and attach Employer 2 \$ \$	his or her immed Schedule A to the Employer 3 \$ \$	diate family, list this report. Employer 4 \$ \$ \$ \$	the amounts sp	ent in each of t Employer 6 \$ \$ \$ \$	he following Total Expende \$ \$ \$	
f f no f you ateg	Expenditures expenditures, including camp spent money on any public o ories per each employer you re inditure Categories Meals and Beverages Lodging Advertising Travel Gifts	there was no a care, budget, alco	ons, mark here: or member of plete and attach Employer 2 \$ \$ \$ \$	his or her immed schedule A to tl Employer 3 \$ \$ \$	diate family, list this report. Employer 4 \$ \$ \$ \$	the amounts sp	ent in each of t Employer 6 \$ \$ \$ \$ \$ \$	he following Total Expende \$ \$ \$ \$ \$ \$	
From fyour category	Expenditures expenditures, including camp spent money on any public o ories per each employer you re inditure Categories Meals and Beverages Lodging Advertising Travel Gifts Other Expenses	care, budget, alco	ons, mark here: or member of plete and attach Employer 2 \$ \$ \$ \$ \$ \$	his or her immed schedule A to the Employer 3 \$ \$ \$ \$	diate family, list this report. Employer 4 \$ \$ \$ \$ \$ \$ \$ \$ \$	the amounts sp Employer 5 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ent in each of t Employer 6 \$ \$ \$ \$ \$ \$ \$	he following Total Expende \$ \$ \$ \$ \$ \$ \$ \$	

Continued on page 2