JAN 18 2023

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: Days late

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

1. Name and contact information										
Name Christina Y. Cameron						Phone	Phone 304-951-5323			
Address 803 Ponswood Rd							Email cycameron@suddenlink.net			
AddressEmail										
City, State Zip Hurricane, WV 25526										
City, State Zip										
2. Reporting period for which this activity report is being filed										
			T	is being filed			1			
Check x		Period 9/1/22-12/31/22	1/17/23							
^	2022-3	0/1/22-12/31/22	1/1//25							
			+							
3. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary.										
1. MIR, LLC 4.										
2,										
3. 6.										
A Labbridge activity common of these was an activity or available as indicate # and #										
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."										
Limited Video Lottery, Small Business										
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.										
	diture Categor		Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended	
Α.	Meals and B		\$0	\$	\$	\$	\$	\$	\$ 1	
В.	Lodging		\$0	\$	\$	\$	\$	\$	\$ 6	
C.	Advertising		\$0	\$	\$	\$	\$	\$	\$ 0	
D.	Travel		\$0	\$	\$	\$	\$	\$	\$ 0	
E.	Gifts		\$0	\$	\$	\$	\$	\$	\$ 0	
F.	Other Expen	ses	\$0	\$	\$	\$	\$	\$	\$ 0	
G.	Group Exper	nditures	\$0	\$	\$	\$	\$	\$	\$ 0	
H.	Campaign Co	ontributions	LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.						5	
1.		expenditures	\$0	\$	\$	\$	\$	\$	\$ 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.									



