

Lobbyist Activity Report Form

2023-01

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:

Postmark _____ Rec'd 5/15/2023 _____

Days late _____ Fine _____

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

1. Name and contact information

Name Rachelle Mortimer Phone (202) 604-6816
 Address 1615 H Street NW Email RMortimer@USChamber.com
 City, State Zip Washington, DC 20062

2. Reporting period for which this activity report is being filed

| Check | Report | Period | Due Date | | | | |
|-------|---------|----------------|----------|--|--|--|--|
| x | 2023-01 | 1/1/23-4/30/23 | 5/15/23 | | | | |
| | | | | | | | |
| | | | | | | | |

3. List all employers/organizations that you represent as a lobbyist *Use additional reporting forms if necessary.*

1. U.S. Chamber of Commerce 4. _____
 2. _____ 5. _____
 3. _____ 6. _____

4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."

Tort reform. Advocacy related to litigation pursued by cities and other political subdivisions.

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.

| Expenditure Categories | Employer 1 | Employer 2 | Employer 3 | Employer 4 | Employer 5 | Employer 6 | Total Expended |
|------------------------------|---|------------|------------|------------|------------|------------|----------------|
| A. Meals and Beverages | \$ | \$ | \$ | \$ | \$ | \$ | \$0 |
| B. Lodging | \$ | \$ | \$ | \$ | \$ | \$ | \$0 |
| C. Advertising | \$ | \$ | \$ | \$ | \$ | \$ | \$0 |
| D. Travel | \$ | \$ | \$ | \$ | \$ | \$ | \$0 |
| E. Gifts | \$ | \$ | \$ | \$ | \$ | \$ | \$0 |
| F. Other Expenses | \$ | \$ | \$ | \$ | \$ | \$ | \$0 |
| G. Group Expenditures | \$ | \$ | \$ | \$ | \$ | \$ | \$0 |
| H. Campaign Contributions | LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. | | | | | | \$0 |
| I. TOTAL of 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.