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By WV Ethics Commission at 3:11 pm, Sep 15, 2023

West Virginia Ethics Commission

Lobbyist Activity Report Form

2023-02

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: Postmark_ Rec'd_

Late reporting fine - \$10 per business day past the due date (\$250 maximum)									
1. Name and contact information									
Name Nelson McKown Phone 304-357-0900									
								com	
Addition									
Suite 1300									
City, State Zip_ Charleston, WV 25301									
2. Reporting period for which this activity report is being filed									
Check Report Period			Due Date						
х	2023-2	5/1/23-8/31/23	9/15/23						
						1 2			
				field of the first	to be "Part	reference.			
3. List all employers/organizations that you represent as a lobbyist									
a. Estan empreyers/ a gamma and y a serie to									
The second secon									ent Services, Inc.
2. RELX Inc. Dealertrack Registration and Tilling Solutions, Inc. / Dealertrack Collateral Management Services, Inc.									
3. West Virginia Secondary School Activities Commission 6. Opportunity West Virginia, Inc.									
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."									
Insurance; Technology and information; Extracurricular activities for secondary schools; Medicaid and healthcare;									
5 = 0.00 No.00 S									
Vehicle titling and software solutions; Diversity									
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.									
categories per each employer you re Expenditure Categories				Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended
			Employer 1	\$	\$	\$	\$	\$	\$ 0.00
A. B.		d Beverages	\$	\$	\$	\$	\$	\$	\$ 0.00
С.	Lodging Advertising	nσ	\$	\$	\$	\$	\$	\$	\$ 0.00
D.	Travel	16	\$	\$	\$	\$	\$	\$	\$ 0.00
E.	Gifts		\$	\$	\$	\$	\$	\$	\$ 0.00
F.	Other Exp	penses	\$	\$	\$	\$	\$	\$	\$ 0.00
G.		penditures	\$	\$	\$	\$	\$	\$	\$ 0.00
Н,	Campaign Contributions		LIST AMOUNT IN "TOTAL EXPEN		KPENDED" COLU				\$ 0.00
I.		all expenditures	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
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.									