Received

West Virginia Ethics Commission

JAN 1 2 2024

West Virginia Ethics Commission Attn: Lobbyist Registrar

Charleston, WV 25301 304-558-0664

No faxed copies

Lobbyist Activity Report Form Ethics Commission Brooks St., Ste. 300 Charleston, WV 25301 2023-03

For office use only:
Postmark______
Days late ______

Late reporting fine - \$10 per business day past the due date (\$250 maximum)										
1. Name and contact information										
Name CAM HUPPINAN Address 28 West 1000 b Pointe Email Cam Substitution Email Cam Substitution Phone 304 488- 1277 Email Cam Substitution Email C										
City, State Zip JARCERS burley, WV 26001										
2. Reporting period for which this activity report is being filed										
Check	Report	Period	Due Date	6.7	Section 19 8	A HIVE				
х	2023-3	9/1/23-12/31/23	1/15/24			1 325				
3. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary.										
3. Li	ist all employers/organizations that you represent as a lobbyist									
1.	21 6114									
-	25 rotes Assa Ellucian . PALATIC TOXOCOLOGY LAB									
- 4	Gal Dec lake by delight									
3.	3. WY M2 481 1.79 ZMMOY ZE 6									
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."										
4. Poppling access against a second access to										
F. Funandihusas										
5. Expenditures If no expenditures, including campaign contributions, mark here:										
if no e.	kpenaitures	y on any public offici	al omalauaa	or member of	ble or her immer	lista family list t	he amounts en	ent in each of t	he following	
If you :	pent mone	y on any public offici h employer you repr	ar, employee	lote and attach	Schedule A to th	ilate iairiiiy, iist i	nie amounts sp	ent in eath of t	tile tollowing	
			Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended	
	diture Categ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$	\$	\$	\$	\$	\$	
A.		B	\$	\$	\$	\$	S	\$	\$	
В.	Lodging		\$			Ś	\$	\$		
C.	Advertising		\$	\$	\$				\$	
D.	Travel		\$	\$	\$	\$	\$	\$	\$	
E.	Gifts		\$	\$	\$	\$	\$	\$	\$	
f.	Other Exp		\$	\$	\$	\$	\$	\$	\$	
G.	Group Expenditures		\$ \$ \$ \$ \$							
H.	Campaign Contributions		LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.						\$	
1.			\$	\$	\$	\$	\$	\$	\$	
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.										
									Continued on page 2	