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JAN 3 2024

WV Ethics Commission

West Virginia Ethics Commission

# Lobbyist Activity Report Form

2023-03

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 \_\_\_\_\_  
Days late \_\_\_\_\_ Fine \_\_\_\_\_

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

### 1. Name and contact information

Name SAMUEL A. MINARDI  
Address 1526 Bedford RE  
City, State Zip Charleston WV 25314

Phone 304-542-8786  
Email SAM@MINARDI.WV.COM

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

Check	Report	Period	Due Date
x	2023-3	9/1/23-12/31/23	1/15/24

### 3. List all employers/organizations that you represent as a lobbyist

Use additional reporting forms if necessary.

- Exxon Mobil
- Longview Power
- Waste Mgt of WV
- Consumer Health care Products Assoc.
- General Motors
- CHAMP TITLES
- CSX Railroad
- CNR GAS
- WV MUNICIPAL LEAGUE


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

Natural gas production issues + monitor Joint Energy Committee;  
WV title Easinghouse Program; Power Plant Closure Rules; AUTO Dealers  
Franchise law; MUNICIPAL TAX issues

### 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. 						\$ 1,400 -
I. TOTAL of all expenditures	\$	\$	\$	\$	\$	\$	\$ 1,400 -

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.

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