

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

RECEIVED

No faxed copies

Postmark Rec'd
By WV Ethics Commission at 3:46 pm, Jan 10, 2024

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

1. Name and contact information

Name Glenn Spencer
Address 1615 H Street NW

City, State Zip Washington, DC 20062

Phone (202) 659-6000
Email GSpencer@USChamber.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.

- U.S. Chamber of Commerce
-
-
-
-
-


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

None.

5. Expenditures

If no expenditures, including campaign contributions, mark here: X

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.

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