

West Virginia Ethics Commission
Lobbyist Activity Report Form
 2024-2

Received

SEP 16 2024

WV Ethics Commission

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 Robert Corradi Phone 410-212-5483
 Address 601 New Jersey Avenue NW, Suite 900 Email rcorradi@amazon.com
 City, State Zip Washington, DC 20001

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

Check	Report	Period	Due Date				
x	2024-2	5/1/24-8/31/24	9/16/2024				

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

1. Amazon.com Services LLC 4. _____
 2. _____ 5. _____
 3. _____ 6. _____

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

IT modernization, cybersecurity, and budget.

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	\$	\$	\$	\$	\$	\$0
B. Lodging	\$0	\$	\$	\$	\$	\$	\$0
C. Advertising	\$0	\$	\$	\$	\$	\$	\$0
D. Travel	\$0	\$	\$	\$	\$	\$	\$0
E. Gifts	\$0	\$	\$	\$	\$	\$	\$0
F. Other Expenses	\$0	\$	\$	\$	\$	\$	\$0
G. Group Expenditures	\$0	\$	\$	\$	\$	\$	\$0
H. Campaign Contributions	<i>LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.</i>						\$0
I. TOTAL of all expenditures	\$0	\$	\$	\$	\$	\$	\$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.

Continued on page 2

Lobbyist Activity Report Form

2024-2

West Virginia Ethics Commission
 Attn: Lobbyist Registrar
 210 Brooks St., Ste. 300

RECEIVED

By WV Ethics Commission at 3:34 pm, Sep 16, 2024

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

1. Name and contact information

Name Megan Kuerek
 Address 211 Brook Street
Suite 201
 City, State Zip Charleston, WV 25601

Phone 202/904-0083
 Email megan@wvscpa.org

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

Check	Report	Period	Due Date
x	2024-2	5/1/24-8/31/24	9/16/2024

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

Use additional reporting forms if necessary.

1. WVSCPA
2. _____
3. _____
4. _____
5. _____
6. _____

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

none

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	\$	\$	\$	\$	\$	\$	\$
B. Lodging	\$	\$	\$	\$	\$	\$	\$
C. Advertising	\$	\$	\$	\$	\$	\$	\$
D. Travel	\$	\$	\$	\$	\$	\$	\$
E. Gifts	\$	\$	\$	\$	\$	\$	\$
F. Other Expenses	\$	\$	\$	\$	\$	\$	\$
G. Group Expenditures	\$	\$	\$	\$	\$	\$	\$
H. Campaign Contributions	LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.						\$
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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RECEIVED

By WV Ethics Commission at 3:32 pm, Sep 16, 2024

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West Virginia Ethics Commission
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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 Glenn Spencer
Address 1615 H Street NW
Washington, DC 20062
City, State Zip

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	2024-2	5/1/24-8/31/24	9/16/2024				

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

Use additional reporting forms if necessary.

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

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

Legislative Advocacy related to labor reform legislation.

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.

Continued on page 2

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RECEIVED
 By WV Ethics Commission at 3:31 pm, Sep 16, 2024

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

1. Name and contact information

Name Sean Redmond Phone (202) 659-6000
 Address 1615 H Street NW Email SRedmond@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	2024-2	5/1/24-8/31/24	9/16/2024				

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."

Legislative Advocacy related to labor reform legislation.

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	<i>LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.</i>						\$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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