West Virginia Ethics Commission

Lobbyist Activity Report Form

West Virginia Ethics Commission 210 Brooks St., Ste. 300 WV Ethics Commession Charleston, WV 25301 304-558-0664 No faxed copies 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 Jason Webb | Phone 304-415-9322 | | | | |
| Address 240 Waterfront Ln | Email jason@cawv.com | | | | |
| city, State Zip Scott Depot, WV 25560 | | | | | |
| 2. Reporting period for which this activity report is being filed | | | | | |
| Check Report Period Due Date | | | | | |
| X 2003-3 9/1/23-12/31/23 | | | | | |
| A 3003 7 1/1/33 - 14/31/43 | | | | | |
| List all employers/organizations that you represent as a lobbyist | Use additional reporting forms if necessary. | | | | |
| 1. Capitol Advocates, LLC | 4. Uber Technologies | | | | |
| 2. NSSF | 5 | | | | |
| 3. Tesla, Inc. | 6 | | | | |
| 5 | | | | | |
| 4. Lobbying activity summary - If there was no activity or expendit | ures, indicate "none." | | | | |
| Attended Interim meetings | | | | | |
| J | | | | | |
| | | | | | |
| | | | | | |
| 5. Expenditures If no expenditures, including campaign contributions, mark here: | | | | | |

| Expenditure Categories | | Employer 1 | Employer 2 | Employer 3 | Employer 4 | Employer 5 | Employer 6 | Total Expended |
|-------------------------------|---------------------------|------------|------------|------------|------------|------------|------------|----------------|
| A. | Meals and Beverages | \$266.10 | \$84.64 | \$ | \$ | \$ | \$ | \$350.74 |
| В. | Lodging | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| C. | Advertising | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| D. | Travel | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| E. | Gifts | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| F. | Other Expenses | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| G. | Group Expenditures | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Н. | Campaign Contributions | LIST AMOUN | \$2000 | | | | | |
| l. | TOTAL of all expenditures | \$ | \$ | \$ | \$ | \$ | \$ | \$2350.74 |

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.