

Received

MAY 13 2021

WV Ethics Commission

West Virginia Ethics Commission

# Lobbyist Activity Report Form

2021-01

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 Jason Pizatella Phone 304-340-3868  
 Address 300 Kanawha Boulevard, East Email jpizatella@spilmanlaw.com  
 City, State Zip Charleston, WV 25301

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

Check	Report	Period	Due Date				
x	2021-01	1/1/21 - 4/30/21	5/17/21				

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

1. <u>America's Health Insurance Plan</u>	4. <u>Economic Development Council, Inc./WV</u>
2. <u>AT&amp;T Services, Inc.</u>	5. <u>Enterprise Holdings</u>
3. <u>Dish Network, LLC</u>	6. <u>Gainwell Technologies, LLC</u>


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

lobby issues re budget; business; energy; environmental; health care; insurance; taxation; oil/gas; transportation; Medicaid; utilities; and funding of public records

**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.

Continued on page 2

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1. <u>HealthNet Aeromedical Services, Inc.</u>	4. <u>Southwestern Energy</u>
2. <u>Satellite Broadcasting &amp; Communications Assn.</u>	5. <u>Spilman Thomas &amp; Battle, PLLC</u>
3. <u>Secure Elections Project</u>	6. <u>The Chemours Company</u>

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lobby issues re budget; business; energy; environmental; health care; insurance; taxation; oil/gas; transportation; Medicaid; utilities; and funding of public records

**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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1. The Gas and Oil Association of WV, Inc. 4. Wexford Health Sources, Inc.  
 2. West Ridge, Inc. 5. WV Energy Users Group  
 3. West Virginia County Risk Pool 6. \_\_\_\_\_

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lobby issues re budget; business; energy; environmental; health care; insurance; taxation; oil/gas; transportation; Medicaid; utilities; and funding of public records

**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.

Continued on page 2