

Received

MAY 11 2021

WV Ethics Commission

West Virginia Ethics Commission

Lobbyist Activity Report Form

2021-01

West Virginia Ethics Commission  
 Attn: Lobbyist Registrar  
 710 Spruce St., Ste. 300  
 Charleston, WV 25301  
 804-542-0604 No faxed copies  
 No after hours only  
 Postmark \_\_\_\_\_ Rec'd \_\_\_\_\_  
 Days/hrs \_\_\_\_\_ File \_\_\_\_\_

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

1. Name and contact information

Name John S. Rainey, Jr. Phone 604-484-8606  
 Address 6601 West Broad Street Email John.S.Rainey@Altra.com  
 City, State Zip Richmond, VA 2323

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.

- Altra Client Services LLC and its Affiliates - Philip Morris USA Inc., John Middleton Co., and U.S. Smokeless Tobacco Co.
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4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."

Tobacco-Related Issues for Altra Client Services LLC and its Affiliates -- Philip Morris USA Inc., John Middleton Co., and U.S. Smokeless Tobacco Co.

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

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