

Received

MAY 16 2022

WV Ethics Commission

West Virginia Ethics Commission

Lobbyist Activity Report Form

2022-01

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 Samuel A. Minardi

Phone 304-542-8786

Address 1526 Bedford Road

Email Sam@MinardiWV.com

City, State Zip Charleston, WV 25314

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

Check	Report	Period	Due Date				
x	2022-1	1/1/22-4/30/22	5/16/22				

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

Use additional reporting forms if necessary.

1. Longview Power

4. 5/3 Bank 7. EGTS 10. CNX Gas

2. ExxonMobil

5. Segra 8. OVCEC 11. Waste Mgt. Co.

3. Consumer Healthcare Products Assn

6. General Motors 9. WV Munic. League

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

Natural Gas production legislation (unitization & cotenancy), Rare Earth Elements legislation, Auto Dealers Franchise law, Telecom & Broadband Expansion, Unemployment comp, Municipal taxation authority

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.						\$ 100-
I. TOTAL of all expenditures	\$	\$	\$	\$	\$	\$	\$ 100-

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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