## Received

## APR 142022

## WV Ethics Commissian

West Virginia Ethics Commission Lobbyist Activity Report Form
2022-01

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

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 $\qquad$ Reced Fine $\qquad$

| 1. Name and contact information |  |
| :--- | :--- | :--- |
| Name Trevor W. Santos | Phone 202-220-1340 x205 |
| Address400 N. Capitol St., NW, Suite 475 <br> City, State Zip Washington, DC 20001 | Email tsantos@nssf.org |

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. National Shooting Sports Foundation, Inc. 4. 5. <br> 2. 6.  <br> 3.   |  |  |

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 AMOUN | IN "TOTAL | ENDED" COL |  |  | $\geqslant$ | \$ |
| 1. | TOTAL of all expenditures | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| 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. |  |  |  |  |  |  |  |  |

