

RECEIVED

By Ethics Commission at 2:02 pm, Jan 17, 2023

West Virginia Ethics Commission

Lobbyist Activity Report Form

2022-03

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 Chad D. Robinson

Phone 304.342.3769

Address 18 California Avenue

Email chad@wvcsi.com

City, State Zip Charleston, WV 25311

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

Check	Report	Period	Due Date				
x	2022-3	9/1/22-12/31/22	1/16/23				

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

Use additional reporting forms if necessary.

- 1. WV Assoc. of Optometric Physicians
- 2. WV Chiropractic Society
- 3. WV Cemetery & Funeral Assoc
- 4. WV Kennel Owners Assoc
- 5. Cigar Assoc of America
- 6. WV Real Estate Appraisers Assoc
- 7. WV Assoc of Certified Nurse Anesthetists

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

Health care. Death care. Racing. Taxation. Lottery. Real Estate.

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.						\$ 0.00
I. TOTAL of all expenditures	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

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