## RECEIVED

By WV Ethics Commission at 3:20 pm, May 10, 2023

West Virginia Ethics Commission
Lobbyist Activity Report Form
2023-01

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
For office use only:
Postmark $\qquad$ Rec'd

No faxed copies

Days late $\qquad$ Fine $\qquad$

## 1. Name and contact information

| Name James Campbell |  |
| :--- | :--- |
| Address 5830 Granite Parkway | Phone (303) 981-2409 |
| Email James.Campbell@AlticeUSA.com |  |

Phone (303) 981-2409
Email James.Campbell@AlticeUSA.com

City, State Zip Plano, TX 75024
2. Reporting period for which this activity report is being filed

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

Use additional reporting forms if necessary.

1. CSC Holdings, LLC
2. 
3. $\qquad$
4. $\qquad$
5. $\qquad$
6. Lobbying activity summary - If there was no activity or expenditures, indicate "none."

Discuss broadband legislation.

|  | xpenditures |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | xpenditures, including camp | contributions | s, mark here | $\checkmark$ |  |  |  |  |
|  | pent money on any public o ries per each employer you | ial, employe resent. Com | or member of ete and attac | is or her imm chedule A to | ate family, lis s report. | e amounts sp | nt in each o | following |
|  | diture 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 EX | ENDED" COLU |  |  | $\xrightarrow{3}$ | \$ |
| 1. | TOTAL of all expenditures | \$ | \$ | \$ | \$ | \$ | \$ | \$ |

If you sponsored or contributed to any group event or shared expenses, list the total expended in category 5 G immediately above. Complete and attach a Schedule $B$ for each event.

