## **West Virginia Ethics Commission**

## **Lobbyist Activity Report Form**

2023-03

West Virginia Ethics Commission Attn: Lobbyist Registrar 210 Brooks St., Ste. 300 Charleston, WV 25301

**RECEIVED** 

No faxed copies

Late reporting fine - \$10 per business day past the due date (\$250 mg By WV Ethics Commission at 4:00 pm, Jan 12, 2024

1. N	ame and co	ontact information								
Name Andrew Corsig						Phone 513-766-6514				
Address 201 E. Fifth Street						Email acorsig@phrma.org				
Suite 1900										
				···	<del></del>					
City, S	tate Zip_C	incinnati, OH 4	5202							
2. R	enorting ne	eriod for which this	activity renor	is heing filed		***************************************				
Check	Report	Period	Due Date	Is being med			7		—T	
X	2023-3	9/1/23-12/31/23	1/15/24							
3. Li	ct all ample	ovore lorganizations	that you rone	ocent as a lobb	wiet	He	o additional ro	anting forms i	fnacascani	
	List all employers/organizations that you represent as a lobbyist  Use additional reporting forms if necessary.  1 Pharmaceutical Research and Manufacturers of America									
1.	Pnarma	iceuticai Resea	irch and M	anutacturer	s of America	<u> </u>				
2.	2 5									
3 6										
4. Lo	bbying act	ivity summary - If tl	nere was no a	ctivity or exper	ditures, indicat	e "none."				
None	9.									
	penditure						-14	***************************************		
THE OWNER WHEN	Control of the last of the las	s, including campai	THE RESERVE OF THE PARTY OF THE	The state of the s	_ X _					
		ey on any public offic					the amounts sp	ent in each of t	he following	
		ch employer you rep				1				
Expenditure Categories			Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended	
Α.	Meals and	d Beverages	\$0	\$	\$	\$	\$	\$	\$	
B,	Lodging		\$0	\$	\$	\$	\$	\$	\$	
C	Advertising		\$0	\$	\$	\$	\$	\$	\$	
D.	Travel		\$0	\$	\$	\$	\$	\$	\$	
E.	Gifts		\$0	\$	\$	\$	\$	\$	\$	
F.	Other Expenses		\$0	\$	\$	\$	\$	\$	\$	
G.	Group Expenditures		\$0	\$	\$	\$	\$	\$	\$	
Н.		Contributions	LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.						\$0	
I. TOTAL of all expenditures			\$0	\$	\$	\$	\$	\$	\$0	
		or contributed to an B for each event.	y group event	or shared expe	nses, list the tot	al expended in c	ategory 5G imn	nediately above	e. Complete and	
								***************************************	Continued on page 2	