

**Office of State Ethics**  
**Client Lobbyist Financial Report**  
**2019-2020**



Pursuant to Chapter 10, Part II, General Statutes  
 ETH-2D

<b>Client Lobbyist Information</b>					Filing No: 137752
<b>Client Name:</b>	Dominion Energy				
<b>Type:</b>	Administrative/Legislative	<b>Filing Year:</b>	2020	<b>Filing Period:</b>	June/Second Quarter

<b>Fundamental Terms of Contracts</b>					
1	<b>Name:</b>				
	<b>Address 1:</b>				
	<b>Address 2:</b>				
	<b>City:</b>		<b>State:</b>		<b>Zip:</b>
	<b>Email:</b>		<b>Amount:</b>		
	<b>Categories of Work (other than lobbying):</b>				

**Compensation, Reimbursement & Sales Tax**

1	<b>Business Organization/ Name of Payee:</b>	Nuara Mary		
	<b>Date Paid:</b>	06/30/2020	<b>Type:</b>	Administrative
	<b>Prorated Amount of Salary:</b>	\$1,822.92	<b>Fee or Retainer:</b>	\$0.00
	<b>Sales Tax:</b>	\$0.00	<b>Expense Reimbursement:</b>	\$0.00
	<b>Category of Work :</b>	Lobbying	<b>Other Description:</b>	

2	<b>Business Organization/ Name of Payee:</b>	Hennessy Kevin		
	<b>Date Paid:</b>	06/30/2020	<b>Type:</b>	Administrative
	<b>Prorated Amount of Salary:</b>	\$859.73	<b>Fee or Retainer:</b>	\$0.00
	<b>Sales Tax:</b>	\$0.00	<b>Expense Reimbursement:</b>	\$0.00
	<b>Category of Work :</b>	Lobbying	<b>Other Description:</b>	

3	<b>Business Organization/ Name of Payee:</b>	Powers, Griffin & Hill, LLC		
	<b>Date Paid:</b>	06/30/2020	<b>Type:</b>	Administrative
	<b>Prorated Amount of Salary:</b>	\$0.00	<b>Fee or Retainer:</b>	\$7,222.33
	<b>Sales Tax:</b>	\$0.00	<b>Expense Reimbursement:</b>	\$0.00
	<b>Category of Work :</b>	Lobbying	<b>Other Description:</b>	

4	<b>Business Organization/ Name of Payee:</b>	Nuara Mary		
	<b>Date Paid:</b>	06/30/2020	<b>Type:</b>	Legislative
	<b>Prorated Amount of Salary:</b>	\$1,822.92	<b>Fee or Retainer:</b>	\$0.00
	<b>Sales Tax:</b>	\$0.00	<b>Expense Reimbursement:</b>	\$0.00
	<b>Category of Work :</b>	Lobbying	<b>Other Description:</b>	

5	<b>Business Organization/ Name of Payee:</b>	Hennessy Kevin		
	<b>Date Paid:</b>	06/30/2020	<b>Type:</b>	Legislative
	<b>Prorated Amount of Salary:</b>	\$2,000.00	<b>Fee or Retainer:</b>	\$0.00
	<b>Sales Tax:</b>	\$0.00	<b>Expense Reimbursement:</b>	\$0.00
	<b>Category of Work :</b>	Lobbying	<b>Other Description:</b>	

6	<b>Business Organization/ Name of Payee:</b>	Powers, Griffin & Hill, LLC		
	<b>Date Paid:</b>	06/30/2020	<b>Type:</b>	Legislative
	<b>Prorated Amount of Salary:</b>	\$0.00	<b>Fee or Retainer:</b>	\$15,277.67
	<b>Sales Tax:</b>	\$0.00	<b>Expense Reimbursement:</b>	\$0.00
	<b>Category of Work :</b>	Lobbying	<b>Other Description:</b>	

7	<b>Business Organization/ Name of Payee:</b>	McDowell Jewett Communications		
	<b>Date Paid:</b>	06/30/2020	<b>Type:</b>	Legislative
	<b>Prorated Amount of Salary:</b>	\$0.00	<b>Fee or Retainer:</b>	\$7,500.00
	<b>Sales Tax:</b>	\$0.00	<b>Expense Reimbursement:</b>	\$0.00
	<b>Category of Work :</b>	Other	<b>Other Description:</b>	media relations, not lobbying

**Summary of Compensation, Reimbursement & Sales Tax**

Type	Reporting Period	Amount	Quarterly Amount
Administrative	April	\$9,904.98	\$9,904.98
Legislative	April	\$26,600.59	\$26,600.59
Administrative	June/Second Quarter	\$9,904.98	\$29,714.94
Legislative	June/Second Quarter	\$26,600.59	\$79,801.77
Administrative	May	\$9,904.98	\$19,809.96
Legislative	May	\$26,600.59	\$53,201.18
<b>Year To Date Total</b>			<b>\$208,095.90</b>

**Other Reportable Expenditures**

1	Type:	Legislative		
	Expenditure of Benefit for the Public Official:	\$0.00		
	Paid Media Communication:	\$0.00	Solicitations:	\$0.00
	Office Expenses:	\$0.00	Other Expenses:	\$62.62

**Summary of Other Reportable Expenditures**

Type	Reporting Period	Amount	Quarterly Amount
Administrative	April	\$0.00	\$0.00
Legislative	April	\$62.62	\$62.62
Administrative	May	\$0.00	\$0.00
Legislative	May	\$62.62	\$125.24
Administrative	June/Second Quarter	\$0.00	\$0.00
Legislative	June/Second Quarter	\$62.62	\$187.86
<b>Year to Date Total</b>			<b>\$365.90</b>

**Circumstance of Transaction**

Transaction Type:	Date:	Is this transaction related to lobbying?	
Location:			
Address 1:	Address 2:		
City:	State:	Zip:	
Description:	Necessary Expense Choice:		

**Client Representative in Attendance**

Is this cost shared with other lobbyists:	
Name	Donor Type Percent paid

**CERTIFICATION**

I do hereby certify under penalty of false statement that I make this report in accordance with the requirements of chapter10, part II, General statutes, and that this is a complete itemized statement which contains all the information required by said part for the period shown.

<b>Name:</b>	Carolyn Morrison
<b>Filed Date:</b>	07/01/2020
<b>Phone Number:</b>	(804) 771-4572
<b>Email Address:</b>	Carolyn.H.Morrison@dom.com

I have read and agree to all above certifications.