

Received
 JAN 14 2020
 WV Ethics Commission

West Virginia Ethics Commission
Lobbyist Activity Report Form
 2019-03

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 Megan Roskovensky Phone 304-346-4575
 Business Address 110 Association Drive Business Email mroskovensky@wvca.org
 City, State Zip Charleston, WV 25311

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

| Check | Report | Period | Due Date | | | | |
|-------|--------|-------------------|-----------|--|--|--|--|
| x | 2019-3 | 9/1/19 - 12/31/19 | 1/15/2020 | | | | |
| | | | | | | | |

3. List all employers/organizations that you represent as a lobbyist *Use additional reporting forms if necessary.*

1. West Virginia Health Care Association 4. _____
 2. _____ 5. _____
 3. _____ 6. _____

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

Discussed healthcare workforce issues with several members of the legislature. No expenditures.

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 | \$0.00 | \$ | \$ | \$ | \$ | \$ | \$0.00 |
| B. Lodging | \$0.00 | \$ | \$ | \$ | \$ | \$ | \$0.00 |
| C. Advertising | \$0.00 | \$ | \$ | \$ | \$ | \$ | \$0.00 |
| D. Travel | \$0.00 | \$ | \$ | \$ | \$ | \$ | \$0.00 |
| E. Gifts | \$0.00 | \$ | \$ | \$ | \$ | \$ | \$0.00 |
| F. Other Expenses | \$0.00 | \$ | \$ | \$ | \$ | \$ | \$0.00 |
| G. Group Expenditures | \$0.00 | \$ | \$ | \$ | \$ | \$ | \$0.00 |
| H. Campaign Contributions | <i>LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.</i> | | | | | | \$0.00 |
| I. TOTAL of all expenditures | \$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.