

Received  
 JAN 15 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 Matthew R. Walker Phone (304) 733-6484  
 Business Address 650 Main Street Business Email matt@walkerandstevens.com  
 City, State Zip Barboursville, WV 25504

**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. Please see the attached client list. 4. \_\_\_\_\_  
 2. \_\_\_\_\_ 5. \_\_\_\_\_  
 3. \_\_\_\_\_ 6. \_\_\_\_\_

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

Attended interim meetings, fundraisers, and other events, spoke with legislators and staff about health care, business, and education issues.

**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
B. Lodging	\$	\$	\$	\$	\$	\$	\$0
C. Advertising	\$	\$	\$	\$	\$	\$	\$0
D. Travel	\$	\$	\$	\$	\$	\$	\$0
E. Gifts	\$	\$	\$	\$	\$	\$	\$0
F. Other Expenses	\$	\$	\$	\$	\$	\$	\$0
G. Group Expenditures	\$	\$	\$	\$	\$	\$	\$0
H. Campaign Contributions	<i>LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.</i>						\$2,000
I. TOTAL of all expenditures	\$0	\$0	\$0	\$0	\$0	\$0	\$2,000

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.

**MATTHEW WALKER – ATTACHMENT**  
**EMPLOYERS/ORGANIZATIONS**  
**(2019-03)**

1. West Virginia Primary Care Association
2. West Virginia Family Health
3. LogistiCare
4. West Virginia Physical Therapy Association
5. West Virginia Academy of Family Physicians
6. West Virginia Academy of Eye Physicians & Surgeons
7. West Virginia Independent Pharmacy Association
8. Purdue Pharma
9. Greenwich Biosciences / GW Pharmaceuticals
10. West Virginia Society for Respiratory Care
11. West Virginia Podiatric Medical Association
12. West Virginia Association of Physician Assistants
13. Center for Rural Health Development
14. GlaxoSmithKline
15. National Alliance for Public Charter Schools
16. Gilead Sciences