

Received

West Virginia Ethics Commission

Lobbyist Activity Report Form

MAY 02 2017

2017-01

WV Ethics Commission

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 Raymona A Kinneberg Phone 304-343-2462
 Address 210 MacCorkle Ave. SE Email raymona@bjcinc.com
 City, State Zip Charleston, WV 25314

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

Check	Report	Period	Due Date				
x	2017-1	1/1/17-4/30/17	5/15/2017				

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

1. AMFM 4. UnitedPoint Health 7 WV Association of Nurse Anesthetists 8 WV Association of Professional Psychologists
 2. Johnson & Johnson 5. Universal Health Services 9 Acadia 10. YWCA 11. Weirton Medical Center 12. DaVita
 3. ResCare 6. Summers Healthcare 13. Wheeling Hospital 14. Hospice Council 15. WV Council of Home Health Agencies

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

Health Care, Hospitals, Behavioral Health, Children's Services, Long Term Care, Substance Abuse Treatment, Homeless Programs, Domestic Violence Programs, Personal Care Services; Dialysis Services; Home Health Services

5. Expenditures

If no expenditures, including campaign contributions, mark here: x

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

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.

6. Lobbyist certification - Please read and sign below.

To the best of my knowledge, the information contained hereon and on any attached materials is true, correct and complete. I understand that it is a violation of WV Code §6B-3-9 to willfully and knowingly file a false or incomplete report. I further understand that if convicted of such an act, I may be fined, sentenced to jail or both.