West Virginia Ethics Commission

DEC 1 4 2017

Lobbyist Activity Report Form Ethics Commission

2017-03

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

No faxed copies 304-558-0664

For office use only:

Postmark _____ Rec'd_ Days late

Late re	porting fil	ne - \$10 per busin	ess aay past	tne aue date	(\$250 maximu	m)				
1. Na	me and co	ntact information								
Name	ame Elaine Darling						Phone 304-397-4071			
Address The Center for Rural Health Development, Inc.						_{Email} el	Email elaine.darling@wvruralhealth.org			
75 Chase Dr.										
City, State Zip Hurricane, WV 25526										
2. Reporting period for which this activity report is being filed										
Check										
Х	2017-3	9/1/17-12/31/17	1/15/2018							
3. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary.										
	List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary.									
1. The Center for Rural Health Development, Inc. 4.										
2.	25									
3										
A Lablada adole and the second of the second										
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."										
None.										
5. Expenditures										
		s, including campaig	an contributio	ns mark hore						
		y on any public office				liate family list t	he amounts so	ent in each of t	the following	
		ch employer you rep					ne amounts sp	ent in each or i	the following	
	diture Cate		Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended	
Α.		Beverages	\$	\$	\$	\$	\$	\$	\$	
В.	Lodging	-	\$	\$	S	\$	\$	\$	S	
C.	Advertisin	ng .	\$	\$	\$	\$	\$	\$	\$	
D.	Travel		\$	\$	Š	\$	Ś	\$	\$	
E.	Gifts		\$	\$	\$	\$	\$	\$	\$	
F.	Other Exp	enses	\$	\$	\$	\$	\$	\$	\$	
G.		penditures	\$	\$	\$	\$	\$	\$	\$	
Н.		Campaign Contributions LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.								
I.	TOTAL of	all expenditures	\$	\$	\$	\$	\$	\$	\$	
If you s	ponsored o	or contributed to an	y group event	or shared expe	enses, list the tot	al expended in c	ategory 5G imn	nediately abov	e. 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. Lunderstand that it is