West Virginia Ethics Commission

Lobbyist Activity Report Form

2017-02

Received

SEP 1 4 2017

VVV Ethics Commission

Late reporting fine - \$10 per business day past the due date (\$250 maximum)

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 _____ Days late _____

| 1. Name and contact information | | | | | | | | |
|---|---------------------------|------------|--------------------|---------------|--------------|----------------------|------------|---|
| Name Brandon Hatfield | | | | | Phone (| Phone (304) 344-9744 | | |
| Address West Virginia Hospital Association | | | | | | bhatfield@wvha.org | | |
| 100 Association Drive | | | | | Liliali | | | |
| | | | | | | | | |
| City, State Zip Charleston, WV 25311 | | | | | | | | |
| | | | | | | | | |
| 2. Reporting period for which this activity report is being filed | | | | | | | | |
| Check | Report Period | Due Date | | | | | | |
| х | 2017-2 5/1/17-8/31/17 | 9/15/2017 | | | | | | |
| | | | | | | | | |
| | | | Destruction of the | | 表情感到的 | | | *************************************** |
| 3. List all employers/organizations that you represent as a lobbyist | | | | | | | | |
| West Virginia Hospital Association 4. | | | | | | | | |
| | | | | | | | | |
| 2 5 | | | | | | | | |
| 3 6 | | | | | | | | |
| | | | | | | | | |
| 4. Lobbying activity summary - If there was no activity or expenditures, indicate "none." | | | | | | | | |
| NONE | | | | | | | | |
| TOTAL | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 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. | | | | | | | | |
| - | diture Categories | Employer 1 | Employer 2 | Employer 3 | Employer 4 | Employer 5 | Employer 6 | Total Expended |
| A. | Meals and Beverages | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| В. | Lodging | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| C. | Advertising | \$ | , | , | | | | |
| D. | Travel | | \$ | \$ | \$ | \$ | \$ | \$ |
| E. | Gifts | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| F. | Other Expenses | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| G. | Group Expenditures | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Н. | Campaign Contributions | | | (PENDED" COLU | | | | \$ |
| 1. | 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. | | | | | | | | |

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