

Lobbyist Activity Report Form

SEP 14 2017

2017-02

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 Joe Letnaunchyn
 Address West Virginia Hospital Association
100 Association Drive
 City, State Zip Charleston, WV 25311

Phone (304) 344-9744
 Email joelet@wvha.org

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

| Check | Report | Period | Due Date | | | | |
|-------|--------|----------------|-----------|--|--|--|--|
| x | 2017-2 | 5/1/17-8/31/17 | 9/15/2017 | | | | |
| | | | | | | | |

3. List all employers/organizations that you represent as a lobbyist

Use additional reporting forms if necessary.

- 1. West Virginia Hospital Association
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

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

NONE

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 | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| 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