## West Virginia Ethics Commission

## Lobbyist Activity Report Form JAN 14 2009

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

2018-03

**NV Ethics Commission** 

Received

West Virginia Ethics Commission Attn: Lobbyist Registrar 210 Brooks St., Ste. 300 Charleston, WV 25301 304-558-0664 No

304-336	-0004
For office	use only:

Postmark \_\_\_\_ Rec'd Days late \_\_\_\_\_ Fine\_

No faxed copies

A. Meals and Beverages \$18.08 \$ B. Lodging \$ \$ C. Advertising \$ \$ D. Travel \$ \$ E. Gifts \$ \$ F. Other Expenses \$ \$ G. Group Expenditures \$ \$	as a lobbyist  4.  5.  6.  y or expenditures, indic	
Address 100 Association Drive  City, State Zip Charleston, WV 25311  2. Reporting period for which this activity report is be Check Report Period Due Date x 2018-3 9/1/18-12/31/18 1/15/2019  3. List all employers/organizations that you represent 1. West Virginia Hospital Association 2. 3.  4. Lobbying activity summary - If there was no activity "Hospitals & Healthcare"  5. Expenditures if no expenditures, including campaign contributions, m If you spent money on any public official, employee or m categories per each employer you represent. Complete a Expenditure Categories Employer 1 Emp	as a lobbyist  4.  5.  6.  y or expenditures, indic	Use additional reporting forms if necessar
2. Reporting period for which this activity report is be Check Report Period Due Date x 2018-3 9/1/18-12/31/18 1/15/2019  3. List all employers/organizations that you represent 1. West Virginia Hospital Association 2. 3.  4. Lobbying activity summary - If there was no activity "Hospitals & Healthcare"  5. Expenditures If no expenditures, including campaign contributions, m If you spent money on any public official, employee or m categories per each employer you represent. Complete a Expenditure Categories Employer 1 Employer Categories Period States	as a lobbyist  4.  5.  6.  y or expenditures, indic	icate "none."
Check Report Period Due Date x 2018-3 9/1/18-12/31/18 1/15/2019  3. List all employers/organizations that you represent West Virginia Hospital Association  2	as a lobbyist  4.  5.  6.  y or expenditures, indic	icate "none."
Check Report Period Due Date x 2018-3 9/1/18-12/31/18 1/15/2019  3. List all employers/organizations that you represent West Virginia Hospital Association  2	as a lobbyist  4.  5.  6.  y or expenditures, indic	icate "none."
x 2018-3 9/1/18-12/31/18 1/15/2019  3. List all employers/organizations that you represent  1. West Virginia Hospital Association  2	4	icate "none."
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4. Lobbying activity summary - If there was no activity "Hospitals & Healthcare"  5. Expenditures If no expenditures, including campaign contributions, m If you spent money on any public official, employee or m categories per each employer you represent. Complete a Expenditure Categories  A. Meals and Beverages  B. Lodging  C. Advertising  C. Advertising  D. Travel  E. Gifts  F. Other Expenses  G. Group Expenditures  \$ \$	y or expenditures, indicate of the second se	icate "none."
"Hospitals & Healthcare"  5. Expenditures  If no expenditures, including campaign contributions, m  If you spent money on any public official, employee or m categories per each employer you represent. Complete a  Expenditure Categories Employer 1 Employer 1  A. Meals and Beverages \$18.08 \$  B. Lodging \$  C. Advertising \$  C. Advertising \$  D. Travel \$  E. Gifts \$  F. Other Expenses \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$	ark here: ember of his or her imn	
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5. Expenditures  If no expenditures, including campaign contributions, m  If you spent money on any public official, employee or m categories per each employer you represent. Complete a  Expenditure Categories Employer 1 Em  A. Meals and Beverages \$18.08 \$  B. Lodging \$ \$  C. Advertising \$ \$  D. Travel \$ \$  E. Gifts \$ \$  F. Other Expenses \$ \$  \$	ember of his or her imn	mediate family, list the amounts spent in each of the follow
A. Meals and Beverages \$18.08 \$  B. Lodging \$ \$  C. Advertising \$ \$  D. Travel \$ \$  E. Gifts \$ \$  F. Other Expenses \$ \$  Group Expenditures \$ \$	and attach Schedule A t	
B.       Lodging       \$       \$         C.       Advertising       \$       \$         D.       Travel       \$       \$         E.       Gifts       \$       \$         F.       Other Expenses       \$       \$         G.       Group Expenditures       \$       \$	ployer 2 Employer 3	
C.         Advertising         \$         \$           D.         Travel         \$         \$           E.         Gifts         \$         \$           F.         Other Expenses         \$         \$           G.         Group Expenditures         \$         \$	\$	\$ \$ \$ \$ \$18.08
D.       Travel       \$       \$         E.       Gifts       \$       \$         F.       Other Expenses       \$       \$         G.       Group Expenditures       \$       \$	\$	\$ \$ \$
E. Gifts \$ \$  F. Other Expenses \$ \$  G. Group Expenditures \$ \$	\$	\$ \$ \$
F. Other Expenses \$ \$ G. Group Expenditures \$ \$	\$	\$ \$ \$
G. Group Expenditures \$ \$	\$	\$ \$ \$ \$
	\$	\$ \$ \$ \$
	\$	\$ \$ \$ \$
H. Campaign Contributions LIST AMOUNT IN	"TOTAL EXPENDED" CO	
I. TOTAL of all expenditures \$ \$	\$	\$ \$ \$ \$218.08
If you sponsored or contributed to any group event or sh attach a Schedule B for each event.	ared expenses, list the	e total expended in category 5G immediately above. Comple
<ol> <li>Lobbyist certification – Please read and sign below</li> </ol>		
To the best of my knowledge, the information contained		tached materials is true, correct and complete. Funderstand plete report. I further understand that if convicted of such a

		Name: Joe Letnaunchyn						Date: 1/10/2019		
Schedule A: WV Lobb (Attach this completed sheet to										
Complete this form if you have during this reporting period. If Gifts, (5) Other Expenditures - I	f you have made	e expenditures	in these catego	ories - (1) A	Aeals & Bev					
If you shared any of these expendence. You are not required to contributions] and Group Enterschedule B.	report on Sche	dule A detaile	d expenditures	on Adverti	sing, Contri	butions [inclu	uding po	litical		
1. Expenditure Details - (	include shared	expenditures	not reported o	n Schedule	B)					
Report all expenditures in any those reported in Section 1a or reported on Schedule B. Trans lobbyist, identify who shared t	of the categorier 2 (below) or a sfer the totals to	es listed below any portion of a o section 5 on t	on a particular a "Group Enteri the Lobbyist Ac	person or tainment" ( tivity Repo	member of OR "Shared	Expense" ev	ent whic	h are to be		
Recipient name(s) and date of	expenditure	Meals &	Lodging	Travel	Gifts	Other	Tota			
T- 1 0 11 40/40/0	040	beverages	-				expe	nded		
Ted Cheatham 12/18/2	.016	18.08						18.08		
je 15 e fo; pAlkeynenofia).		18.08						18.08		
1a Gifts (Group)										
Ordinarily gifts to individual le	gislators must r	ot exceed \$25	i. Gifts such as	kev chains.	mugs, and	calendars giv	en to A	LL members		
of the House or Senate, the en group it was given and the tota	- itire Legislature	or to standing	g or joint comm	ittees must	t be listed h	ere. Describe	e the ite	m, to which		
Transfer the total cost to the L						1.1 16.0				
Describe the gift(s)	Which	employer pro	vided the gift?	Which gr	oup receive	ed the gift?	Total	ost of gift(s)		
2. Participation in a Pand Report expenditures on a part				yhon such i	ovnonditure	was for the	individu	al's		
participation in a panel or spe	aking engagem	ent. Transfer t	the totals to sec	tion 5 on t	he Lobbyist	: Activity Repo	ort.	al 5		
Recipient name and event			Lodging Travel		Sche	Scheduled entertainment & other		Total \$ expended		
3. Subjects of Lobbying										
For each recipient identified in then the subject matter of the "Ted Cheatham - Health Care"	n 1, 1a & 2 abov e lobbying. Exa	/e, explain brie mple: "Del. Joe	efly the subjects e Jones – Health	of lobbyin Care" or "	g. List the i House Fina	individual or p nce Committ	group re ee - Env	cipient and ironment."		
							_			