West Virginia Ethics Commission

Lobbyist Activity Report Form SEP 10 2018 2018-02

NV 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 ____ Rec'd_ Days late __

1. N	ame and contact information	n							
Name Raymona A. Kinneberg					Phone (304) 343-2462				
Address 210 MacCorkle Ave. SE									
Address					Email raymona@rksbhcc.com				
City, St	tate Zip Charleston, WV 2	5314							
2. Re	eporting period for which th	is activity repor	t is being filed					= 100-max	
Check	Report Period	Due Date							
x	2018-2 5/1/18-8/31/18	9/17/2018							
- with the second second									
			ZAFFERA, X	يستر كريد السير مسيد	radi matata wananaja wala	***************************************	(
3. List all employers/organizations that you represent as a lobbyist					Use additional reporting forms if necessary.				
1. AMFM					4. LifePoint Health 7, WV Association of Narse Anasthesists 8, WV Association of Professional Psychologists				
2. Johnson & Johnson					Universal Health Services 9, Acadia 10, YWCA 11, Weirton Medical Center 12, DaVita				
3. ResCare					Stonerise Healthcare 13. Wheeling Hospital 14, Hospico Councit, 15, WV Council of Home Hoalth Agencies				
3.				6.			Total Country Country of The	ond ribanii Againses	
f no ex	penditures penditures, including camp pent money on any public o				diate family list	the amounts so	ent in each of	the following	
	ies per each employer you r					2112 21113 21113 3.p		ane ronowing	
Expend	iture Categories	Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended	
١.	Meals and Beverages	\$	\$	\$	\$	\$	\$	\$	
3.	Lodging	\$	\$	\$	\$	\$	\$	\$	
	Advertising	\$	\$	\$	\$	\$	\$	\$	
).	Travel	\$	\$	\$	\$	\$	\$	\$	
	Gifts	\$	\$	\$	\$	\$	\$	\$	
.	Other Expenses	\$	\$	\$	\$	\$	\$	\$	
i.	Group Expenditures	\$	\$	\$	\$	\$	\$	\$	
	Campaign Contributions	\$		(PENDED" COLU		l ¢	ė	\$ 1,050	
	TOTAL of all expenditures consored or contributed to		\$	s list the tet	\$	\$ FG Imm	adiatal: al.:	\$1,050	
	Schedule B for each event.		or snareu expe	nses, list the tot	ai expended in c	ategory 56 imii	rediately above	2. Complete and	
ttatiia									
	obyist certification - Please	read and sign b	elow.						