West Virginia Ethics Commission

may be fined, sentenced to jail or both.

Lobbyist Signature: Mary Haffenbredl

Lobbyist Activity Report Form

Received

2018-03

NV 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:

Date: January 2, 2019.

Postmark

Days late_

Rec'd

Fine _

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

1. Name and contact information									
Name Mary Haffenbredl						Phone 202-413-9817			
Address 4222 Bagley Parkway					Email mhaffenbredl@ahip.org				
Address									
City, State Zip Madison, WI 53705									
2. Reporting period for which this activity report is being filed									
2. Re Check	Report Period	Due Date							
X	2018-3 9/1/18-12/31/18		Very William						
	2010 0 (7, 0, 11 11, 11)								
				The Try					
2 Lic	3. List all employers/organizations that you represent as a lobbyist								
CL (AUID)									
2.	2 5								
3	з								
J.									
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.									
Expend	diture Categories	Employer 1	Employer 2	Employer 3	Employer 4	Employer 5		\$	
A.	Meals and Beverages	\$	\$	\$	\$	\$	\$	\$	
B.	Lodging	\$	\$	\$	\$	\$	\$	\$	
C.	Advertising	\$	\$	\$	\$	\$	\$	\$	
D.	Travel	\$	\$	\$	\$	\$	\$	\$	
E.	Gifts	\$	\$	\$	\$	\$	\$	\$	
F.	Other Expenses	\$	\$	\$	\$	\$	\$	\$	
G.	Group Expenditures		'	(PENDED" COLU				\$	
Н.	Campaign Contributions TOTAL of all expenditures	S	Ś	\$	\$	\$	\$	\$0	
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. L	obbyist certification – Please	read and sign	oelow.						
To the	e best of my knowledge, the in	nformation conf	ained hereon a	nd on any attach	ned materials is t	true, correct an	d complete. I u	nderstand 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

Digitally signed by Mary Haffenbredl

Date: 2019.01.02 11:14:43 -06'00'