West Virginia Ethics Commission

Received

Lobbyist Activity Report Forman 08 2019

2018-03

NV Ethics Gemmission

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 _

Rec'd____

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

1. Name and contact information									
Name Raymona A. Kinneberg						Phone (304) 343-2462			
Address 210 MacCorkle Ave. SE						Email raymona@rksbhcc.com			
Address						Littate			
City, State Zip Charleston, WV 25314									
2. Reporting period for which this activity report is being filed									
Check	Report	Period	Due Date			All Marie			
x	2018-3	9/1/18-12/31/18	1/15/2019						
							-		
			L		A AMERICAN STREET	<u> </u>			
3. List all employers/organizations that you represent as a lobbyist									
1. AMVM 4, LifePoint Health 7, WV Association of Nurse Anesthesists 8, WV Association of Professional Psychologic									lonal Psychologists
						Universal Health Services 9 Acadia 10 YWCA 11. Weirton Medical Center 12 DaVita			
						17 Mary 17 Mary 18 Mary 14 Harriso Council 15 WV Council of Home Health Anancies			
3.	ResCare				6. Stonens	a ricalification for tributing			
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."									
Health Care, Hospitals, Behavioral Health, Children's Services, Long Term Care, Substance Abuse Treatment, Homeless Programs,									
Domestic Violence Programs, Personal Care Services; Dialysis Services; Home Health Services									
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									
If you s	pent mone	y on any public offi	cial, employee	or member of	his or her immed	diate family, list t	the amounts sp	ent in each of t	ne rollowing
-		h employer you rep			Employer 3	Employer 4	Employer 5	Employer 6	Total Expended
Expenditure Categories			Employer 1	Employer 2		\$	\$	\$	\$
Α.		l Beverages	\$	\$	\$	\$	\$	\$	\$
B.	Lodging Advertising		\$	\$	\$	\$	\$	\$	\$
C.	Travel		\$	\$	\$	\$	\$	\$	\$
E,	Gifts		\$	\$	\$	\$	\$	\$	\$
F.	Other Exp	enses	\$	\$	\$	\$	\$	\$	\$
G.			\$	\$	\$	\$	\$	\$	\$
Н.		Contributions		NT IN "TOTAL EX	KPENDED" COLU	MN.			\$ 1,350
1.	TOTAL of	all expenditures	Ś	\$	\$	\$	\$	\$	\$ 1,350
If you	sponsored o	or contributed to ar	y group even	t or shared expe	enses, list the to	al expended in o	ategory 5G imr	nediately abov	e. Complete and
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.									
a Lili the Attraction District and sign below									
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									
To the	best of my	knowledge, the inf	ormation conf	ained hereon a	nd on any attach	ied materials is t	rue, correct an	d complete. I u	nderstand that it is
a viola	tion of WV	Code §6B-3-9 to w	lifully and kno	wingly file a fal	se or incomplete	report. I furthe	er understand th	nat if convicted	of such an act, I
may be fined, sentenced to jail or both.									