## Received

MAY 1 5 2020

**West Virginia Ethics Commission** 

## Lobbyist Activity Report Formics Commission 2020-01

West Virginia Ethics Commission Attn: Lobbylst Registrer 210 Brooks St., Ste. 300 Charleston, WV 25301 304-558-0664 No No faxed copies 

	ame and o	ontact information									
Vame	Brandon Hatfield					Phone (304) 344-9744					
				Bı	Business Email bhatfield@wvha.org						
City, S	tate Zip C	harleston, WV	25311								
2. R	eporting p	eriod for which this	activity report	is being filed							
Check		Period	Due Date								
×	2020-1	1/1/20 - 4/30/20	5/15/2020	)							
. L	lst all empl	oyers/organization	s that you repr	esent as a lobb	yist	Us	e additional rep	orting forms i	f necessary.		
1	West \	/irginia Hospit	tal Associa	ition	4.						
	•										
2	'				5						
3					6,						
l. 1	obbying ac	tivity summary - if t									
. L	obbying ac										
. ц "Но	obbying ac	tivity summary - If t & Healthcare*									
i. i. "Ho	obbying ac spitals &	tivity summary - If t & Healthcare*	there was no a	ctivity or exper	nditures, indicat						
Ho Ho	obbying ac spitals & expenditure expenditure spent mone	tivity summary - If the company of t	ithere was no a	ns, mark here:	nditures, indicat	e "none."					
HO	obbying ac spitals & expenditure expenditure spent mone	tivity summary - If the company of the complete company of the complete company of the complete complete company of the com	ithere was no a	ns, mark here:	nditures, indicat	e "none."					
Ho e you atego	spitals & spital	tivity summary - If the company of the complete company of the complete company of the complete complete company of the com	ign contribution Iclail, employee present. Comp	ns, mark here: or member of elete and attach	his or her imme	e "none." diate family, list his report.	the amounts sp	ent in each of t	the following		
HO.	spitals & spital	tivity summary - If the control of t	ign contribution icial, employee present. Comp	ns, mark here; or member of elete and attach	his or her imments Schedule A to the Employer 3	dlate family, list his report.	the amounts sp	ent in each of t	the following		
. L	spitals & spital	B. Healthcare seements and the seements are seements as the seements are s	ign contribution Icial, employee present. Comp Employer 1 \$33.29	ns, mark here: or member of elete and attach Employer 2	his or her imments Schedule A to the Employer 3	diate family, list his report.  Employer 4	the amounts sp	ent in each of t Employer 6	the following  Total Expend		
L Efnoe	expenditure expenditure expenditure cate Meals an Lodging	B. Healthcare seements and the seements are seements as the seements are s	ign contribution icial, employee present. Comp Employer 1 \$33.29	ns, mark here: or member of elete and attach Employer 2	his or her imments Schedule A to to Employer 3	diate family, list his report.  Employer 4  \$	the amounts sp	ent in each of t Employer 6 \$ \$	the following  Total Expend \$33.29		
L Efno e you atego	expenditure expenditure expenditure expenditure spent monories per ea diture Cate Meals an Lodging Advertisi	B. Healthcare seements and the seements are seements as the seements are s	ign contribution icial, employee present. Comp Employer 1 \$33.29 \$	ns, mark here: or member of elete and attach Employer 2 \$ \$ \$	his or her immens Schedule A to t Employer 3 \$ \$	diate family, list his report.  Employer 4  \$ \$	the amounts sp  Employer 5  \$ \$ \$	ent in each of t Employer 6 \$ \$ \$	the following  Total Expend \$33.29 \$		
HO  Tho  Tyou  Tyo	expenditure expenditure spent monories per earliture Cate Meals an Lodging Advertisi	tivity summary - If the companies of the	ign contribution icial, employee present. Comp Employer 1 \$33.29 \$ \$	ns, mark here: or member of elete and attach Employer 2 \$ \$ \$	his or her immens Schedule A to to Employer 3	diate family, list his report.  Employer 4  \$ \$ \$	the amounts sp  Employer 5  \$ \$ \$ \$	ent in each of t  Employer 6  \$ \$ \$ \$ \$	Total Expand \$33.29 \$ \$ \$		
HO	expenditure expenditure expenditure spent monories per ea iditure Cate Meals an Lodging Advertisi Travel Gifts Other Ex	tivity summary - If the companies of the	ign contributio icial, employee present. Comp Employer 1 \$33.29 \$ \$ \$	ns, mark here: or member of plete and attach Employer 2 \$ \$ \$ \$	his or her immens Schedule A to to Employer 3 \$ \$ \$ \$ \$ \$ \$	diate family, list his report.  Employer 4  \$ \$ \$ \$	the amounts sp	ent in each of t  Employer 6  \$ \$ \$ \$ \$ \$	the following  Total Expand \$33.29 \$ \$ \$		
i. L	expenditure expenditure spent monories per ea diture Cate Meals an Lodging Advertisi Travel Gifts Other Ex	tivity summary - If the companies of the complete companies of the complete companies of the companies of th	ign contribution icial, employee present. Comp Employer 1 \$33.29 \$ \$ \$ \$ \$	ns, mark here: or member of plete and attach Employer 2 \$ \$ \$ \$ \$ \$ \$	his or her immens Schedule A to to Employer 3 \$ \$ \$ \$ \$ \$ \$ \$	dlate family, list his report.  Employer 4  \$ \$ \$ \$ \$ \$ \$	the amounts sp  Employer 5 \$ \$ \$ \$ \$ \$	ent in each of t  Employer 6  \$ \$ \$ \$ \$ \$ \$ \$	the following  Total Expend \$33.29 \$ \$ \$ \$ \$		

Schedule A: WV Lob (Attach this completed sheet								
Complete this form if you hav during this reporting period.  Gifts, (5) Other Expenditures -	If you have mad	de expenditure	s in these cate	gorles - (1) /	Meals & Bev			
If you shared any of these exp name. You are not required t contributions] and Group Ento Schedule B.	o report on Sch	edule A detaile	ed expenditure	es on Adverti	ising, Contri	ibutions [incl	uding po	olitical
1. Expenditure Details - Report all expenditures in any those reported in Section 1a or reported on Schedule B. Tran lobbyist, identify who shared Recipient name(s) and date or	of the categor or 2 (below) or effer the totals to the cost in the	ies listed below any portion of to section 5 on area below eac Meals &	on a particul a "Group Ente the Lobbyist /	ar person or ertainment" Activity Repo	member of OR "Shared	Expense" ev	ent which ditures w	ch are to be with another
Chartle Roskovensky 01/	beverages 33,29					expe	33,29	
TOTAL Expenditure  1a Gifts (Group)  Ordinarily gifts to individual leads the House or Senate, the engroup it was given and the total cost to the Describe the gift(s)	egislators must ntire Legislature tal cost. You ne Lobbyist Activit	e or to standing ed not list each	g or joint comm n legislator whom 5E.	mittees must to received t	be listed he he gift, only	ere. Describe the name of	e the Iter the gro	m, to which
2. Participation in a Pan	el or Speakir	ng Engageme	ent					
Report expenditures on a part								al's
Recipient name and event	rticipation in a panel or speaking engagen cipient name and event Meals & beverages		Travel	Gifts	Sched	Scheduled entertainment & other		Total \$ expended
3. Subjects of Lobbying								
For each recipient identified in then the subject matter of the "Charlie Roskovensky - Health Ca	lobbying. Exa	(6)						

Name: Brandon Hatfield

Date: 5/7/2020