Received

MAY 26 2020

WV Ethics Commission

West Virginia Ethics Commission

Lobbyist Activity Report Form

2020-01

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

| West Virginia Ethi | ics Commission |
|----------------------|-----------------|
| Attn: Lobbyist Re | gistrar |
| 210 Brooks St., St | e. 300 |
| Charleston, WV 2 | 5301 |
| 304-558-0664 | No faxed copies |
| For office use only: | 1 |
| Postmark | Rec'd |
| Days late | Fine |
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| | ame and conta | ct information | | | | | | | | |
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| Name | Abby Reale Phone 3044171114 | | | | | | | | | |
| | Business Address 1340 Hal Greer Blvd Business Email abby.reale@mhnetwork.org | | | | | | | | | |
| City, S | tate Zip Hunti | ngton, WV 257 | 7 01 | | | | | | | |
| 2. Reporting period for which this activity report is being filed | | | | | | | | | | |
| Check | Report Pe | riod | Due Date | | | | | | | |
| x | 2020-1 1/1 | /20 - 4/30/20 | 5/15/2020 | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 3. Li | st all employer | s/organizations | that you renre | esent as a lobb | wist | lls | additional ren | ortina forms is | f necessary. | |
| List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary. Cabell Huntington Hospital | | | | | | | | | | |
| 1 | Cabell Hull | ington nospi | ılaı | | 4 | | | | | |
| 2 | 2 5 | | | | | | | | | |
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| 3 | | | | | ь | | | | | |
| 4. Lobbying activity summary - If there was no activity or expenditures, indicate "none." | | | | | | | | | | |
| 4. L | obbying activity | summary - If th | here was no ac | tivity or exper | nditures, indicat | e "none." | | | | |
| | | summary - If the | | tivity or exper | nditures, indicat | e "none." | | | | |
| | | | | tivity or exper | nditures, indicat | e "none." | | | | |
| | | | | tivity or exper | nditures, indicat | e "none." | | | | |
| | | | | tivity or exper | nditures, indicat | e "none." | | | | |
| Legi | slative Sess | | | tivity or exper | nditures, indicat | e "none." | | | | |
| Legi | slative Sess | sion Activites | 8 | | | e "none." | | | | |
| Legi 5. E | slative Sess xpenditures xpenditures, in | sion Activites | S gn contribution | ns, mark here: | | | | | | |
| 5. E | xpenditures xpenditures, in | cluding campaign | gn contribution | ns, mark here: or member of | his or her imme | diate family, list t | the amounts sp | ent in each of t | he following | |
| 5. E If no e If you catego | xpenditures xpenditures, incompension of the period of the | cluding campaign any public offic mployer you rep | gn contribution cial, employee present. Comp | ns, mark here: or member of lete and attach | his or her imme Schedule A to t | diate family, list t | | | | |
| 5. E If no e If you catego Expen | xpenditures xpenditures, in spent money or ories per each en | cluding campaign any public officemployer you repess | gn contribution cial, employee present. Comp Employer 1 | os, mark here: or member of lete and attach Employer 2 | his or her immen Schedule A to t Employer 3 | diate family, list this report. Employer 4 | Employer 5 | Employer 6 | Total Expended | |
| 5. E If no e If you catego Expen A. | xpenditures xpenditures, in spent money or ories per each en diture Categoric Meals and Be | cluding campaign any public officemployer you repess | gn contribution cial, employee present. Comp Employer 1 \$ | or member of lete and attach | his or her immen Schedule A to t Employer 3 | diate family, list this report. Employer 4 | Employer 5 | Employer 6 | Total Expended | |
| 5. E If no e If you catego Expen A. B. | xpenditures xpenditures, inc spent money or ories per each en diture Categorie Meals and Be Lodging | cluding campaign any public officemployer you repess | gn contribution cial, employee present. Comp Employer 1 \$ | os, mark here: or member of lete and attach Employer 2 \$ \$ | his or her immed Schedule A to t Employer 3 \$ | diate family, list this report. Employer 4 \$ | Employer 5 \$ | Employer 6 \$ | Total Expended \$ | |
| 5. E If no e If you catego Expen A. B. C. | xpenditures xpenditures, inc spent money or ories per each el diture Categorie Meals and Be Lodging Advertising | cluding campaign any public officemployer you repess | gn contribution cial, employee present. Comp Employer 1 \$ \$ \$ | os, mark here: or member of lete and attach Employer 2 \$ \$ \$ | his or her immed Schedule A to t Employer 3 \$ \$ | diate family, list this report. Employer 4 \$ \$ \$ | Employer 5 \$ \$ \$ | Employer 6 \$ \$ \$ | Total Expended \$ \$ \$ | |
| 5. E If no e If you catego Expen A. B. C. D. | xpenditures xpenditures, incomprises per each enditure Categorie Meals and Be Lodging Advertising Travel | cluding campaign any public officemployer you repess | gn contribution cial, employee present. Comp Employer 1 \$ \$ \$ \$ | os, mark here: or member of lete and attach Employer 2 \$ \$ \$ \$ | his or her immed Schedule A to t Employer 3 \$ \$ \$ | diate family, list this report. Employer 4 \$ \$ \$ \$ | Employer 5 \$ \$ \$ \$ | Employer 6 \$ \$ \$ \$ | Total Expended \$ \$ \$ \$ \$ | |
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| 5. E If no e If you catego Expen A. B. C. D. E. F. | xpenditures xpenditures, in spent money or ories per each er diture Categorie Meals and Be Lodging Advertising Travel Gifts Other Expens Group Expend | cluding campaign any public officemployer you repessiverages | gn contribution cial, employee present. Comp Employer 1 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | os, mark here: or member of lete and attach Employer 2 \$ \$ \$ \$ \$ \$ \$ | his or her immed Schedule A to t Employer 3 \$ \$ \$ \$ \$ \$ \$ | diate family, list this report. Employer 4 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | Employer 5 \$ \$ \$ \$ \$ | Employer 6 \$ \$ \$ \$ \$ \$ \$ | Total Expended \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | |
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| Name: Abby Reale | Date: 5/15/2020 | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--|--|--|--|--|--|--|
| Schedule B: Group Entertainment & Shared Expenses (Attach to the Lobbyist Activity Report) | | | | | | | | |
| Instructions: Group Entertainment functions include only the functions that fall within the follower a dinner party, reception or other similar function if you invited ALL members of any of these names of attendees do not need to be listed for these four specific groups. | | | | | | | | |
| the Legislature a standing or select committee of either house a joint committee of b | | | | | | | | |
| Use the worksheet below to figure the amount spent on legislators and other governmental offi "event." Enter this amount on the Lobbyist Activity Report. | cials and employees for each | | | | | | | |
| List each group event separately. Make additional copies of this page <i>if</i> necessary . Record total in Section B . You must then calculate and post on the Lobbyist Activity Report only the amount you share expenses with another reporting lobbyist, report only your portion of the expenses are sponsors in Section C below. | actually spent on public officials. If | | | | | | | |
| Section A: Event Information | | | | | | | | |
| Lobbying expenses for entertainment of "OTHER" group events are reported in the "Meals & Be Activity Report Form. List the names of attendees on this form or attach additional information names in item 5 below, as well as other event information requested in items 1 through 4 and co | pages. If using this form, list the | | | | | | | |
| 1. Date of event: February 6, 2020 Location: 2001 Quarrier St. East, Charleston, W | V 25311 | | | | | | | |
| 2. Type of event (reception, dinner, etc.): Reception for the Ladies of the West Virginia Legislature | | | | | | | | |
| 3. Event sponsor: Shared (If you shared the sponsorshi must also complete Section C below.) | p and expenses with others, you | | | | | | | |
| 4. Which of the following governmental groups were invited? All members of: a. the Legislature b. either house of the Legislature d. a joint committee of both houses | | | | | | | | |
| OR | | | | | | | | |
| 5. OTHER: If the event was not in one of the four specific groups listed above, you must list the names of all public employees or public officials in attendance here or on an attachment to this form. List attendees here: All women members of the West Virginia Legislature | | | | | | | | |
| | | | | | | | | |
| Section B: Calculate Reportable Expenses Some calculate | tions must be performed manually. | | | | | | | |
| 1. $\frac{\$1,599.60}{\text{(total cost of event)}} \div \frac{40}{\text{(total attendance)}} = \frac{\$39.16}{\text{(per capita cost)}}$ | | | | | | | | |
| 2. Number of governmental officials or employees in attendance: | | | | | | | | |
| $\frac{13}{\text{(governmental attendees)}} \times \frac{39.16}{\text{(per capita cost)}} = 509.08$ | | | | | | | | |
| If this was a true Group Entertainment event and you were the sponsor, report the amount above as Group Entertainment on the Lobbyist Activity Report in Section 5G. If you shared expenses with others, complete section C below, and report only your portion of the cost. Note: If you classified the expenditure described in section A as "OTHER," it is reported on the Lobbyist Activity Report Form as a Meals & Beverages expense (5A), not as a "Group Expenditure" (5G). | | | | | | | | |
| Section C: Shared Sponsorship Expenses | | | | | | | | |
| 1. Were any other lobbyists co-sponsors of this event? Yes (yes or no) | | | | | | | | |
| 2. If yes, with how many others are sharing the cost? 19 List the names of all sponsors below: Maribeth Anderson, Anne Blankenship, Jane Cline, Rachel Coffman, Michele Crist, Carol Fulks, Megan Hannah, Kristin Harrison, Raymona Kinneberg, Bridget Lambert, | | | | | | | | |
| Rebecca McPhail, Melanie Pagliaro, Karen Price, Abby Reale, Jill Rice, Megan Roskovensky, Sarah Smith, Amy Swan | ri, Danielle vvaltz | | | | | | | |
| 3. What is your share of Box 1 above? \$ \$25.45 Record that amount in Box 2 and on the Lobbyist Activity Report in Section 5G. | 25. 45 ° | | | | | | | |
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