SEP 16 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 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 Fine

1.										
	Name and co	ontact information								
Name	Mark Dr	ennan				Phone	304-545-529	0		
Business Address 405 Capitol Street Suite 900						Business Email mark@wvbehavioralhealth.org				
City	State Zin C	harleston, WV 25	301							
City,										
2. 1	Reporting pe	eriod for which this a	ctivity report	is being filed						
Check		Period	Due Date	is being med						
x	2020-2	5/1/20 - 8/30/20	9/15/2020							
3. 1	ist all emplo	overs/organizations	that you repr	esent as a lobb	vist	IIs	e additional rei	portina forms i	f necessary	
		st all employers/organizations that you represent as a lobbyist WV Behavioral Health Providers Association 4.								
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4. 1	obbying act	ivity summary - If th	ere was no a	ctivity or expen	iditures, indicat	e "none."				
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Nor										
Nor	Expenditures	3	n contributio	ns mark here						
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5. If no o	Expenditures expenditures spent mone	s s, including campaig ey on any public offici	al, employee	or member of I	his or her immed	diate family, list	the amounts sp	ent in each of t	the following	
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5. If no classes	expenditures expenditures spent mone ories per each	s, including campaig ey on any public offici ch employer you repr gories	al, employee esent. Comp Employer 1	or member of l lete and attach Employer 2	Schedule A to t Employer 3	diate family, list his report. Employer 4		Employer 6	Total Expended	
5. If no of lif you catego Exper	expenditures expenditures spent mone ories per each	s s, including campaig ey on any public offici ch employer you repr gories d Beverages	al, employee esent. Comp	or member of l lete and attach	his or her immed Schedule A to t	diate family, list	Employer 5		Total Expended	
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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.