Received

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West Virginia Ethics Commission

Lobbyist Activity Report Formission

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___

	lama and co	ontact information							
		L. Lansdale				Phone	304-397-4071		
Business Address Center for Rural Health Development					Bu	Business Email sharon.lansdale@wvruralhealth.org			
		se Drive							
			200						
City, S	tate Zip	urricane, WV 255	020						
2. R	eporting pe	eriod for which this	activity report	is being filed					
Check	7		Due Date						
x		5/1/20 - 8/31/20	9/15/2020						
						ALL PROPERTY.			
3. L	ist all emple	oyers/organization	s that you repr	esent as a lobb	vist	Us	e additional rep	porting forms i	f necessary.
-		or Rural Health							
2					5				
3					6				
1 1	ohbying act	rivity summary - If	there was no a	ctivity or evner	ditures indicat	e "none "			
	-	tivity summary - If				e "none."			
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Met	with one	legislator to ir	nform him o	f new progra	amming	e "none."			
Met	with one	legislator to in	oform him o	f new progra	amming		the amounts sp	ent in each of t	the following
Met	xpenditure	legislator to ir	ign contributio	ns, mark here:	amming L his or her immed	diate family, list	the amounts sp	ent in each of t	the following
Met 5. E f no e f you catego	xpenditure	s s, including campa ey on any public off ch employer you re	ign contributio	ns, mark here:	amming L his or her immed	diate family, list	the amounts sp	ent in each of t	,
Met S. E If no e f you catego Expen	xpenditure expenditure spent mone ories per ear	s s, including campa ey on any public off ch employer you re	ign contribution icial, employee present. Comp	ns, mark here: or member of elete and attach	his or her immed	diate family, list his report.			
Met 5. E f no e f you catego Expen A.	xpenditure expenditure spent mone ories per ear	s s, including campa ey on any public off ch employer you re gories	ign contributio icial, employee present. Comp	ns, mark here: or member of elete and attach	his or her immed Schedule A to t	diate family, list his report. Employer 4	Employer 5	Employer 6	Total Expended
Met S. E If no e If you catego Expen A. B.	xpenditure expenditure spent mone ories per ead diture Cate	s s, including campa ey on any public off ch employer you re gories d Beverages	ign contributio icial, employee present. Comp Employer 1 \$ 22.38	ns, mark here: or member of blete and attach Employer 2	his or her immed Schedule A to t Employer 3	diate family, list his report. Employer 4	Employer 5	Employer 6	Total Expended
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