JAN 18 2022

WV Ethics Commiss

West Virginia Ethics Commission

Lobbyist Activity Report Form

2021-03

Days late

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

	ame and contact information								
Name Tiffany Lawrence					Phone 3	Phone 304-982-6050			
Address 652 Sawgress Drive					Email tlawrence@orion-strategies.com				
Addre	ss ooz oang.ooo o				Email -			9.00.00	
City, S	tate Zip Charles Town	, WV 2541	4						
2. R	eporting period for which thi	activity roper	t is boing filed						
Check	Report Period	Due Date	t is being filed	and become great and are with most time in 1875					
X	2021-3 9/1/21-12/31/2								
	2021-3 3/1/21-12/31/2	1/1//22	13/13/13						
3. Li	st all employers/organization	s that you ren	resent as a lobb	vist	Us	e additional rep	ortina forms i	f necessary.	
	East Mountain Heal								
1.	Last Mountain Heal	III I IIy SICIO	1113	4					
2.				5					
3									
3.				0					
	obbying activity summary - If								
4. L	obbying activity summary - If	there was no a	ctivity or exper	nditures, indicat	e "none."			Δ	
4. L		there was no a	ctivity or exper	nditures, indicat	e "none."			se	
4. L	obbying activity summary - If	there was no a	ctivity or exper	nditures, indicat	e "none."			se	
4. L	obbying activity summary - If	there was no a	ctivity or exper	nditures, indicat	e "none."			e	
4. Le	obbying activity summary - If Ithcare, Certificate of	there was no a	ctivity or exper	nditures, indicat	e "none."			e	
4. Le	obbying activity summary - If	there was no a	ctivity or exper	nditures, indicat	e "none."			Se .	
4. Le	obbying activity summary - If Ithcare, Certificate of xpenditures xpenditures, including campo	there was no a	blic Employ	nditures, indicat yees Insura	e "none." nce Agency	/, Medicaid	l, Insurano		
4. Le Heal 5. E	thcare, Certificate of the care, Certificate of the care, Certificate of the care, certificate of the care, care and the care as a spenditures, including campasses and the care and the care as a spenditure of the care and the care as a spenditure of the care and the care as a spenditure of the care as a spend	there was no a Need, Pul	blic Employ	yees Insura	e "none." nce Agency	/, Medicaid	l, Insurano		
4. Le Heal 5. E If no e If you catego	hthcare, Certificate of the care, Certificate of the care, Certificate of the care, care and the	there was no a Need, Pul	blic Employ ms, mark here: or member of plete and attach	his or her immen	e "none." nce Agency diate family, list this report.	/, Medicaid	l, Insuranc	the following	
4. Le Heal 5. E If no e If you catego	hthcare, Certificate of expenditures expenditures, including campo spent money on any public of pries per each employer you rediture Categories	there was no a Need, Pul	blic Employ ons, mark here: or member of blete and attack	his or her immen	diate family, list his report.	the amounts sp	ent in each of	the following Total Expende	
5. E. If no e. If you catego Expen A.	thcare, Certificate of thcare, Certificate of thcare, Certificate of the thcare, including camposes appenditures, including camposes appenditure, including camposes are the three t	Need, Pul	blic Employers, mark here: e or member of blete and attack Employer 2	his or her immen Schedule A to t	diate family, list his report.	the amounts sp	ent in each of Employer 6	the following Total Expende	
5. E. If no e If you catego Expen A. B.	thcare, Certificate of thcare, Certificate of thcare, Certificate of the thcare, including campos spent money on any public of the per each employer you rediture Categories Meals and Beverages Lodging	ign contribution ficial, employee epresent. Complete Spread Sprea	blic Employers, mark here: or member of blete and attack Employer 2	his or her imment Schedule A to to Employer 3	diate family, list this report. Employer 4 \$	the amounts sp	ent in each of Employer 6	the following Total Expende \$	
5. E. If no e If you catego Expen A. B. C.	thcare, Certificate of thcare, Certificate of thcare, Certificate of thcare, including campos spent money on any public of the per each employer you rediture Categories Meals and Beverages Lodging Advertising	ign contribution ficial, employee expresent. Comp Employer 1 \$ \$ \$	blic Employ ms, mark here: or member of bete and attach Employer 2 \$ \$ \$	his or her imment Schedule A to to Employer 3	diate family, list this report. Employer 4 \$ \$ \$	the amounts sp	ent in each of S	the following Total Expende \$ \$ \$	
5. E. If no e If you catego Expen A. B. C. D.	thcare, Certificate of thcare, Certificate of thcare, Certificate of thcare, including campos spent money on any public of the per each employer you rediture Categories Meals and Beverages Lodging Advertising Travel	ign contribution ficial, employees expresent. Complements Compleme	blic Employ ms, mark here: or member of plete and attack 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 \$ Employer 6 \$ \$ \$	the following Total Expende \$ \$ \$ \$ \$	
5. E. If no e If you catego Expen A. B. C. D. E.	xpenditures xpenditures xpenditures, including campo spent money on any public of ories per each employer you re diture Categories Meals and Beverages Lodging Advertising Travel Gifts	ign contribution ficial, employees expresent. Complete Spresent Sp	blic Employ mark here: or member of plete and attack Employer 2 \$ \$ \$ \$	his or her immed Schedule A to to Employer 3	diate family, list his report. Employer 4 \$ \$ \$ \$	the amounts sp	ent in each of \$ Employer 6 \$ \$ \$ \$	Total Expendence \$ \$ \$ \$ \$ \$ \$	
5. E. If no e If you catego Expen A. B. C. D. E. F.	expenditures expenditures expenditures, including campo expenditures, including campo expenditures, including campo expenditures and public of expension of the complex of	Need, Pul	blic Employers, mark here: or member of plete and attack 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 s Employer 6 \$ \$ \$ \$ \$ \$ \$	Total Expende \$ \$ \$ \$ \$ \$ \$ \$ \$	
5. E. If no e If you catego Expen A. B. C. D. E. F. G.	expenditures expenditures expenditures, including campos expenditures, including campos expenditures, including campos expenditures and public of expenditure Categories Meals and Beverages Lodging Advertising Travel Gifts Other Expenses Group Expenditures	Need, Pul	ones, mark here: or member of plete and attack Employer 2 \$ \$ \$ \$ \$ \$ \$	his or her imments Schedule A to to Employer 3 \$ \$ \$ \$ \$ \$ \$ \$ \$	diate family, list this report. Employer 4 \$ \$ \$ \$ \$ \$ \$ \$	the amounts sp	ent in each of \$ Employer 6 \$ \$ \$ \$	Total Expendence \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
5. E. If no e If you catego Expen A. B. C. D. E. F.	expenditures expenditures expenditures, including campo expenditures, including campo expenditures, including campo expenditures and public of expension of the complex of	Need, Pul	ones, mark here: or member of plete and attack Employer 2 \$ \$ \$ \$ \$ \$ \$	his or her imments Schedule A to to Employer 3 \$ \$ \$ \$ \$ \$ \$	diate family, list this report. Employer 4 \$ \$ \$ \$ \$ \$ \$ \$	the amounts sp	ent in each of s Employer 6 \$ \$ \$ \$ \$ \$ \$	Total Expende \$ \$ \$ \$ \$ \$ \$ \$ \$	

Continued on page 2

Schedule B: Group Entertainment & Shared Expenses (Attach to the Lobbyist Activity Report)
Instructions: Group Entertainment functions include only the functions that fall within the following groups. Report expenditures for a dinner party, reception or other similar function if you invited ALL members of any of these four specific groups. Individual names of attendees do not need to be listed for these four specific groups.
 the Legislature a standing or select committee of either house either house of the Legislature a joint committee of both houses
Use the worksheet below to figure the amount spent on legislators and other governmental officials and employees for each "event." Enter this amount on the Lobbyist Activity Report.
List each group event separately. Make additional copies of this page <i>if</i> necessary . Record total expenditures for each group event in Section B . You must then calculate and post on the Lobbyist Activity Report only the amount actually spent on public officials. If you share expenses with another reporting lobbyist, report only your portion of the expenses and list the names of other cosponsors in Section C below.
Section A: Event Information
Lobbying expenses for entertainment of "OTHER" group events are reported in the "Meals & Beverages" category on the Lobbyist Activity Report Form. List the names of attendees on this form or attach additional information pages. If using this form, list the names in item 5 below, as well as other event information requested in items 1 through 4 and complete the Section B calculations.
1. Date of event: 12/10.21 Location: Valley Health Spring Mills Community Room
2. Type of event (reception, dinner, etc.): Brunch Discussion
3. Event sponsor: Valley Health/East Mountain Health (If you shared the sponsorship and expenses with others, you must also complete Section C below.)
4. Which of the following governmental groups were invited? All members of: a. the Legislature c. a standing or select committee of either house 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: Delegate John Doyle, Senator Patricia Rucker, Senator Geffert and Spouse, Delegate Wayne Clark, Delegate Jason Barrett
Section B: Calculate Reportable Expenses Some calculations must be performed manually.
1. $\frac{403.55}{\text{(total cost of event)}} \div \frac{14}{\text{(total attendance)}} = 28.83 (per capita cost)
2. Number of governmental officials or employees in attendance: 8
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? No (yes or no)
2. If yes, with how many others are sharing the cost? List the names of all sponsors below:
3. What is your share of Box 1 above? \$
Record that amount in Box 2 and on the Lobbyist Activity Report in Section 5G.

Name: Tiffany Lawrence