**West Virginia Ethics Commission** 

## **Lobbyist Activity Report Form**

2022-01

**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\_ \$10

Late reporting fine - \$10 per business day past the due date (\$250 maximum)										
1. Name and contact information										
Name Andrea Greene Phone 304-741-155								54		
Address PO Box 2182						Email agreene@wvhi.org				
Adultess						Elliali <u></u>				
	Objects NAW 05000									
City, State Zip Charleston, WV 25328										
2. Reporting period for which this activity report is being filed										
Check	Report	Period	Due Date							
х	2022-1	1/1/22-4/30/22	5/16/22			901934				
3. Lis	3. List all employers/organizations that you represent as a lobbyist  Use additional reporting forms if necessary.									
1. West Virginia Housing Institute, Inc.										
2.	2 5									
3.	3 6									
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."										
none										
E Evnanditures										
5. Expenditures  If no expenditures, including campaign contributions, mark here:										
						iato family list t	the amounts on	ent in each of t	he following	
If you spent money on any public official, employee or member of his or her immediate family, list the amounts spent in each of the following categories per each employer you represent. Complete and attach Schedule A to this report.										
	diture Cate		Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended	
A.		Beverages	\$	\$	\$	\$	\$	\$	\$	
В.	Lodging		\$	\$	\$	\$	\$	\$	\$	
C.	Advertisir	ng	\$	\$	\$	\$	\$	\$	\$	
D.	Travel		\$	\$	\$	\$	\$	\$	\$	
E.	Gifts		\$	\$	\$	\$	\$	\$	\$	
F.	Other Expenses		\$	\$	\$	\$	\$	\$	\$	
G.	Group Expenditures		\$	\$	\$	\$	\$	\$	\$	
Н.		Contributions	LIST AMOUN	AMOUNT IN "TOTAL EXPENDED" COLUMN.					\$0	
1.	TOTAL of	all expenditures	\$	\$	\$	\$	\$	\$	<b>\$</b> 0	
		or contributed to an	ny group event	or shared expe	enses, list the tota	al expended in c	ategory 5G imr	nediately above	e. Complete and	
attach a Schedule B for each event.										

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