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West Virginia Ethics Commission

Lobbyist Activity Report Form

2022-01

By Ethics Commission at 9:17 am, May 09, 2022

Attn: Lobbyist Registrar 210 Brooks St., Ste. 300 Charleston, WV 25301 304-558-0664

For office use only:

No faxed copies

Late re	porting f	ine - \$10 per busir	ness day past th	e due døte (\$250 maximum)	Postmark Days late	Rec'd Fine					
1. Na	me and co	ntact information									
Name .	Raymon	a Kinneberg		Phone (304) 343-2462							
Addres	s 210 Ma	cCorkle Ave SE			Email raymona@rksbhcc.com						
City, Sta	ate Zip C	harleston, WV 2	5314								
2. Re	porting pe	riod for which this a	activity report is b	eing filed							
Check	Report	Period	Due Date								
х	2022-1	1/1/22-4/30/22	5/16/22		88						

3.	List all employers/organizations that you represent as a lobbyist

Use additional reporting forms if necessary.

- 1. Commercial Holdings
- Stonerise Healthcare
- ResCare d/b/a BrightSpring Health Services
- 4. Johnson & Johnson 7. UHS of Delaware 8. YWCA
- 5. Acadia Healthcare 9. DaVita, Inc. 10. ScionHealth
- 6 LifePoint Health 11. WV Association of Nurse Anesthetists
- 4. Lobbying activity summary If there was no activity or expenditures, indicate "none."

Health Care, Hospitals, Behavioral Health, Children's Services, Long Term Care, Substance Abuse Treatment, Homeless Programs,

Domestic Violence Programs, Personal Care Services, Home Health Services, Renal Dialysis Services

5.	Expenditures
If n	o expenditures, including campaign contributions, mark here:
If y	ou spent money on any public official, employee or member of his or her immediate family, list the amounts spent in each of the following
cat	egories per each employer you represent. Complete and attach Schedule A to this report.

Expenditure Categories		Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended
Α.	Meals and Beverages	\$	\$	\$ 15,68	\$ 15.68	\$	\$ 15.68	\$ 62.74 (incl. page 2)
B _*	Lodging	\$	\$	\$	\$	\$	\$	\$
C.	Advertising	\$	\$	\$	\$	\$	\$	\$
D.	Travel	\$	\$	\$	\$	\$	\$	\$
E _{at}	Gifts	\$	\$	\$ 45.00	\$ 45.00	\$	\$ 45.00	\$ 135
F _e	Other Expenses	\$	\$	\$	\$	\$	\$	\$
G.	Group Expenditures	\$	\$	\$	\$	\$	\$	\$
Н.	Campaign Contributions	LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.						\$\$1,450
i.	TOTAL of all expenditures	\$	\$	\$ 60,68	\$ 60.68	\$	\$ 60.68	\$ 1,647.74

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.

Page 2
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Days late

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

1. N	ame and contact information									
Name	Name Raymona Kinneberg Phone (304) 343-2462									
Δddre	210 MacCorkle Ave Sl	Ξ			Email raymona@rksbhcc.com					
Addi C.					Lillan					
	OL 1 1 100	05044								
City, State Zip Charleston, WV 25314										
2. R	eporting period for which this	activity report	is being filed							
Check	Report Period	Due Date			THE REAL PROPERTY.					
Х	2022-1 1/1/22-4/30/22	5/16/22								
3. Li	3. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary.									
	Commercial Holdings				nson & Johns					
	Stonerise Healthcare				dia Healthcar					
		sing Hoalth C	Condoco							
3.	ResCare d/b/a BrightSp	ring Health S	services	6. <u>Liter</u>	Point Health 11	. VVV Associat	ion of Nurse A	Anestnetists		
4. Lo	obbying activity summary - If	there was no ac	tivity or expen	ditures, indicat	e "none."					
Healt	h Care, Hospitals, Behavior	al Health, Chil	dren's Service	es, Long Term	Care, Substan	ce Abuse Trea	itment, Home	less Programs,		
-										
וווטע	estic Violence Programs	Personal Ca	are Services	, nome near	in Services, R	teriai Diaiysi:	s services	s		
5. Ex	kpenditures									
	xpenditures, including campa	ian contribution	s mark horo:							
	spent money on any public off			is or her immer	liate family list t	he amounts sn	ent in each of t	he following		
	ries per each employer you re					ine amounts sp	ent in each of t	ine rollowing		
	diture Categories	Employer 11	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended		
Α.	Meals and Beverages	\$ 15 69	\$	\$	\$	\$	\$	\$ See Page 1		
В.	Lodging	\$	\$	\$	\$	\$	\$	\$		
C.	Advertising	\$	\$	\$	\$	\$	\$	\$		
D.	Travel	\$	\$	\$	\$	\$	\$	\$		
E.	Gifts	\$	\$	\$	\$	\$	\$	\$		
F.	Other Expenses	\$	\$	\$	\$	\$	\$	\$		
G.	Group Expenditures	\$	\$	\$	\$	\$	\$	\$		
Н.	Campaign Contributions	LIST AMOUN	T IN "TOTAL EX	PENDED" COLU	MN.			\$		
1.	TOTAL of all expenditures	\$ 15.69	\$	\$	\$	\$	\$	\$ See page 1		
If you	sponsored or contributed to a	η group event	or shared expe	nses, list the tot	al expended in c	ategory 5G imn	nediately above	e. Complete and		

attach a Schedule B for each event.

			Name: R	aymona Kir	neberg			Date:	5/2/2022
Schedule A: WV Lobb (Attach this completed sheet to	•	•							
Complete this form if you have during this reporting period. If Gifts, (5) Other Expenditures - I	you ha	ave mad	e expenditures	s in these categ	gories - (1) A	Лeals & Bev			
If you shared any of these expendence. You are not required to contributions] and Group Enter Schedule B.	report	on Sche	edule A detaile	d expenditure:	on Adverti	sing, Contri	butions [incl	uding p	olitical
1. Expenditure Details - (include	shared	expenditures	not reported o	n Schedule	B)			
Report all expenditures in any those reported in Section 1a or reported on Schedule B. Trans lobbyist, identify who shared the	of the of the of the fer the cost	categori low) or a totals to in the a	es listed below any portion of o section 5 on irea below eac	on a particula a "Group Enter the Lobbyist A	r person or tainment" (ctivity Repo	member of OR "Shared rt. If you sh	Expense" ev nared expend	ent whi ditures v	ch are to be with another
Recipient name(s) and date of	expend	liture	Meals & beverages	Lodging	Travel	Gifts	Other	Tota exp	al \$ ended
1/3/2022 Mark Maynard and	guest		\$62.74						\$62.74
2/8/2022 Eric Nelson			\$12.00						\$12.00
2/8/2022 Mark Mayna	ard		\$21.86						\$21.86
FOTAL Expenditur	ē5	II. (\$96.60						\$96.60
1a Gifts (Group)									
Ordinarily gifts to individual leg of the House or Senate, the en group it was given and the tota Transfer the total cost to the Lo Describe the gift(s)	tire Leg al cost.	gislature You ned Activity	or to standing ed not list each	g or joint comm n legislator who on 5E .	received t	be listed h	ere. Describ the name of	e the ite f the gro	em, to which
Hall's Chocolate Lollypops See L		See Lo	obbyist Activit	ty Report 5.E	Women's Caucus			\$135	
2. Participation in a Pane Report expenditures on a parti	cular p	erson in	the categories	s listed below v					al's
participation in a panel or spea			_						
Recipient name and event	Meals bever		Lodging	Travel	Gifts	Scheduled entertai & other		nment	Total \$ expended
3. Subjects of Lobbying			T-I	1				1	,

For each recipient identified in 1, 1a & 2 above, explain briefly the subjects of lobbying. List the individual or group recipient and then the subject matter of the lobbying. Example: "Del. Joe Jones – Health Care" or "House Finance Committee - Environment."

Women Legislators - Healthcare