## MAY 02 2022

**West Virginia Ethics Commission** 

## WV Ethics Commission

## **Lobbyist Activity Report Form**

2022-01

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

Name	Regina	Skeen				Phone S	304-342-51	76	
Address 2220 Washington Street East, Ste 1					Email rskeen@hbawv.org				
City, S	State Zip C	harleston, W	V 25311						
2. 1	Reporting pe	riod for which this	activity repor	t is being filed					
Checl		Period	Due Date						
X	2022-1	1/1/22-4/30/22	5/16/22						
	-			_					
					and the property of the second				
3. 1	List all emplo	oyers/organizations	s that you rep	resent as a lobb	yist	Use	e additional rep	oorting forms i	f necessary.
1	. Home I	Builders Asso	ciation of	WV	4.				
2	2.				5				
-	3				6				
	-								
1. I	Lobbying act	ivity summary - If t							
4. 1	Lobbying act						emocrates on 2/	1/2022 during s	session.
4. I	Lobbying act s were provid	ivity summary - If t led for a luncheon ca					emocrates on 2/	1/2022 during s	session.
4. I Meals	Lobbying act s were provid	ivity summary - If t led for a luncheon ca	acus of the Ho	use of Delegates	s Republican on		emocrates on 2/	1/2022 during s	session.
4. I Meals 5. If no	Expenditures expenditures	ivity summary - If t led for a luncheon ca led for a luncheon ca led for a luncheon ca s, including campai	ign contribution	use of Delegates	s Republican on	1/25/2022 and De			
4. I Meals 5. If no of	Expenditures expenditures spent mone cories per eace	ivity summary - If to led for a luncheon ca led for a luncheon ca s, including campai ey on any public offi ch employer you re	ign contribution icial, employee present. Comp	use of Delegates ons, mark here: or member of plete and attach	his or her immed	diate family, list this report.	the amounts sp	ent in each of t	the following
Meals  5. If no of your categories Expenses	Expenditures expenditures is spent mone cories per each	ivity summary - If t led for a luncheon ca s s, including campai by on any public offi ch employer you rep gories	ign contribution licial, employee present. Complement Complement 1	ons, mark here: or member of plete and attach	his or her immed Schedule A to the	diate family, list this report.  Employer 4	the amounts sp	ent in each of t	the following  Total Expended
4. I Meals 55. I from the second seco	Expenditures expenditures is spent mone cories per each	ivity summary - If to led for a luncheon ca led for a luncheon ca s, including campai ey on any public offi ch employer you re	ign contribution licial, employee present. Complemployer 1 \$1,336.66	ons, mark here: e or member of blete and attach Employer 2 \$.0.00	his or her immed Schedule A to to Employer 3 \$0.00	diate family, list this report.  Employer 4  \$0.00	the amounts sp Employer 5 \$0.00	ent in each of t Employer 6 \$0.00	the following  Total Expender \$1,336.66
Meals  55. If no of your category  Experies  A.  B.	Expenditures expenditures spent mone ories per each	ivity summary - If to led for a luncheon ca s, including campai ey on any public offi ch employer you rep gories d Beverages	ign contribution  icial, employees present. Complemployer 1 \$1,336.66 \$0.00	ons, mark here: or member of plete and attach	his or her immed Schedule A to to Employer 3 \$0.00 \$0.00	diate family, list this report.  Employer 4  \$0.00  \$0.00	the amounts sp	ent in each of t	the following  Total Expende
Meals  55. If no categories  Experies  A. B. C.	Expenditures expenditures is spent mone cories per each	ivity summary - If to led for a luncheon ca s, including campai ey on any public offi ch employer you rep gories d Beverages	ign contribution licial, employee present. Complemployer 1 \$1,336.66	ens, mark here: e or member of blete and attach Employer 2 \$.0.00 \$0.00	his or her immed Schedule A to to Employer 3 \$0.00	diate family, list this report.  Employer 4  \$0.00	the amounts sp Employer 5 \$0.00 \$0.00	ent in each of the Employer 6 \$0.00 \$0.00	the following  Total Expender \$1,336.66 \$0.00
Meals  Me	Expenditures expenditures expenditures expenditure spent mone cories per eac nditure Cate Meals and Lodging Advertisin	ivity summary - If to led for a luncheon ca s, including campai ey on any public offi ch employer you rep gories d Beverages	ign contribution cicial, employees present. Complemployer 1 \$1,336.66 \$0.00 \$0.00	ens, mark here: e or member of plete and attach Employer 2 \$.0.00 \$0.00 \$0.00	his or her immed Schedule A to to Employer 3 \$0.00 \$0.00	diate family, list this report. Employer 4 \$0.00 \$0.00 \$0.00	Employer 5 \$0.00 \$0.00 \$0.00	ent in each of t Employer 6 \$0.00 \$0.00 \$0.00	Total Expender \$1,336.66 \$0.00 \$0.00
Meals  5. If no out of your categories of the ca	Expenditures expenditures expenditures expenditure spent mone cories per eac nditure Cate Meals and Lodging Advertisin	ivity summary - If to led for a luncheon can	ign contribution licial, employees present. Complete St., 336.66 \$0.00 \$0.00 \$0.00	ens, mark here: or member of plete and attach Employer 2 \$.0.00 \$0.00 \$0.00 \$0.00	his or her immed Schedule A to to Employer 3 \$0.00 \$0.00 \$0.00	diate family, list this report. Employer 4 \$0.00 \$0.00 \$0.00 \$0.00	Employer 5 \$0.00 \$0.00 \$0.00 \$0.00	ent in each of the Employer 6 \$0.00 \$0.00 \$0.00 \$0.00	Total Expender \$1,336.66 \$0.00 \$0.00 \$0.00
Meals  5. If no category  Experience  A.  B.  C.  D.  E.	Expenditures expenditures spent mone cories per each inditure Cate Meals and Lodging Advertisin Travel Gifts Other Exp	ivity summary - If to led for a luncheon can	ign contribution licial, employees present. Complemployer 1 \$1,336.66 \$0.00 \$0.00 \$0.00	ens, mark here: or member of plete and attach Employer 2 \$.0.00 \$0.00 \$0.00 \$0.00	his or her immed Schedule A to to Employer 3 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	diate family, list this report.  Employer 4  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00	Employer 5 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	ent in each of 1 Employer 6 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Total Expender \$1,336.66 \$0.00 \$0.00 \$0.00 \$0.00
4. I Meals 5. If no of	Expenditures expenditures s spent mone cories per each inditure Cate Meals and Lodging Advertisin Travel Gifts Other Exp	ivity summary - If to led for a luncheon ca s, including campai by on any public offich employer you reg gories of Beverages	ign contribution licial, employees present. Complement 1 \$1,336.66 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	ens, mark here: or member of olete and attach Employer 2 \$.0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	his or her immed Schedule A to ti Employer 3 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	diate family, list this report.  Employer 4  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00	Employer 5 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	ent in each of the second seco	Total Expender \$1,336.66 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

Continued on page 2

	Name: Regina Skeen	Date: 4/30/2022
Schedule B: Group Entertainmen Attach to the Lobbyist Activity Report)	t & Shared Expenses	
	nclude only the functions that fall within the follo nction if you invited ALL members of any of thes r these four specific groups.	
<ol> <li>the Legislature</li> <li>a standing or select committee or</li> </ol>	3. either house of the Le 4. a joint committee of b	
Jse the worksheet below to figure the amount event." Enter this amount on the Lobbyist Act	spent on legislators and other governmental offitivity Report.	cials and employees for each
Section B. You must then calculate and post	nal copies of this page if necessary. Record total on the Lobbyist Activity Report only the amount byist, report only your portion of the expenses are	actually spent on public officials. If
Section A: Event Information		
Activity Report Form. List the names of attende	R" group events are reported in the "Meals & Be sees on this form or attach additional information information requested in items 1 through 4 and co	pages. If using this form, list the
1. Date of event: 1/25/2022 & 2/1/2022	Location: WV State Capito	
2. Type of event (reception, dinner, etc.): Box	Luncheon	
Event sponsor: Home Builders Association of Women also complete Section C below.)	(If you shared the sponsorshi	p and expenses with others, you
4. Which of the following governmental group  a. the Legislature  b. either house of the Legislature	c. a standing or select committee of d. a joint committee of both house	
	OR	
	ne of the four specific groups listed above, you mu endance here or on an attachment to this form. L	
section B: Calculate Reportable Expenses	Some calcular	tions must be performed manually.
1. 1,336.66 ÷ 100 (total cost of event) ÷ (total attendance)	= \$13.37 (per capita cost)	
<ol> <li>Number of governmental officials or emplored in the second of the second of</li></ol>		
100 x 13.57 (governmental attendees) x (per capita cos	1,000.00	

3. What is your share of Box 1 above? \$ 1,336.66

Record that amount in Box 2 and on the Lobbyist Activity Report in Section 5G.

2. If yes, with how many others are sharing the cost?\_\_\_\_\_ List the names of all sponsors below:

1,336%66