## **RECEIVED**

By Ethics Commission at 1:31 pm, Sep 02, 2022

**West Virginia Ethics Commission** 

## **Lobbyist Activity Report Form**

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

2022-02

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

14-558-0664 No faxed copies

For office use only:

 Postmark
 Rec'd

 Days late
 Fine

1. Name and contact information  Name Ben Kimbro  Phone 918-808-1902										
Address 401 South Boston Ave., Suite 410						Email <u>b</u>	Email benjamin.kimbro@trulieve.com			
City, State Zip Tulsa, OK 74103										
2. Reporting period for which this activity report is being filed										
Check	Report	Period	Due Date							
х	2022-2	5/1/22-8/31/22	9/15/22							
3. List all employers/organizations that you represent as a lobbyist										
1Trulieve WV, Inc. 4										
2 5.										
3 6										
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."										
Communicated with various elected and appointed officials regarding THC Caps and other cannabis related issues.										
Communicated with various elected and appointed officials regarding 1110 Caps and other carmabis related issues.										
5. Expenditures										
If no expenditures, including campaign contributions, mark here:										
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.										
Expenditure Categories			Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended	
Α.	Meals and E		\$	\$	\$	\$	\$	\$	\$	
В.	Lodging		\$	\$	\$	\$	\$	\$	\$	
C.	Advertising		\$	\$	\$	\$	\$	\$	\$	
D.	Travel		\$	\$	\$	\$	\$	\$	\$	
E.	Gifts		\$	\$	\$	\$	\$	\$	\$	
F.	Other Exper		\$	\$	\$	\$	\$	\$	\$	
G.	Group Expe		\$	\$	\$	\$	\$	\$	\$	
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	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.									