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West Virginia Ethics Commission

Lobbyist Activity Report Form

2022-02

West Virginia Ethics Commission Attn: Lobbyist Registrar 210 Brooks St., Ste. 300

Charleston, WV 25301 304-558-0664 For office use only:

No faxed copies

| | P | Postmark | Rec'd |
|---|---|-----------|-------|
| Late reporting fine - \$10 per business day past the due date (\$250 maximum) | 0 | Days late | Fine |

| 1. N | ame and contact information | 17 | | | | | | | | | | |
|---|---|----------------|-------------------------|--------------------|--------------------|--|-------------------------------------|----------------|--|--|--|--|
| Name Lisa Rawlins | | | | | Phone 206.681.7551 | | | | | | | |
| Addre | Address 414 E Bloxham St. Email Lrawlins@TheGarner.Group | | | | | | | | | | | |
| Unit 501 | | | | | | | | | | | | |
| City, State Zip Tallahassee, FL 32301 | | | | | | | | | | | | |
| 2. Reporting period for which this activity report is being filed | | | | | | | | | | | | |
| Check | | 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 Use additional reporting forms if necessary. | | | | | | | | | | | | |
| 1. Pear Theraputics, Inc. | | | | | | | | | | | | |
| _ | | | | | | | | | | | | |
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| 3 | • | | wa anamani wa wasani ya | 6 | | | | | | | | |
| | | | | | | and the state of t | /UR/ 1998 - A - Open Land - Control | | | | | |
| 4. L | obbying activity summary - If | there was no a | ctivity or expen | ditures, indicate | e "none." | | | | | | | |
| Meeting with Secretary Crouch, HHS | | | | | | | | | | | | |
| | <u> </u> | | | | | SATEL BOX - MICH CO CO. | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | xpenditures | | | | | | | | | | | |
| | expenditures, including campa | | | | | | | | | | | |
| | spent money on any public off pries per each employer you re | | | | | the amounts sp | ent in each of t | he following | | | | |
| | diture Categories | Employer 1 | Employer 2 | Employer 3 | Employer 4 | Employer 5 | Employer 6 | Total Expended | | | | |
| A. | Meals and Beverages | \$ | \$ | \$ | \$ | \$ | \$ | \$00.00 | | | | |
| В. | Lodging | \$ | \$ | \$ | \$ | \$ | \$ | \$00.00 | | | | |
| C. | Advertising | \$ | \$ | \$ | \$ | \$ | \$ | \$00.00 | | | | |
| D. | Travel | \$ | \$ | Ś | \$ | \$ | \$ | \$00.00 | | | | |
| E. | Gifts | \$ | \$ | \$ | \$ | \$ | \$ | \$00.00 | | | | |
| F. | | \$ | \$ | \$ | \$ | \$ | \$ | \$00.00 | | | | |
| | Other Expenses | Ś | Ś | Ś | Ś | \$ | \$ | \$00.00 | | | | |
| G. | Group Expenditures | L. A. | 1 7 | → (PENDED" COLU | | Y | 7 | \$00.00 | | | | |
| H. | Campaign Contributions TOTAL of all expenditures | \$ | Ś | S COLU | Ś | Ś | Ś | \$00.00 | | | | |
| | | L. | 1. | <u> </u> | 1 - | 1. | 1.7 | | | | | |
| 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. | | | | | | | | | | | | |