## Received

## JAN 17 2023

## W Ethics Commission

**West Virginia Ethics Commission** 

## **Lobbyist Activity Report Form**

2022-03

West Virginia Ethics Commission
Attn: Lobbyist Registrar
210 Brooks St., Ste. 300
Charleston, WV 25301
304-558-0664
For office use only:
Postmark
Days late
Fine

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

	n								
Name and contact information     Name Alisa Clements				F	Phone 681-209-3750				
Address 522 Grand Central Ave				Email alisa.clements@ppsat.org					
City, State Zip Vienna, WV 2	26105								
Reporting period for which th	is activity repor	t is being filed							
Check Report Period	Due Date			1					
x 2022-3 9/1/22-12/31/2		1000							
		1000							
. List all employers/organizatio	ns that you rep	resent as a lobb	vist	Us	e additional rep	ortina forms i	f necessary.		
Planned Parenthood						,g	,		
1			4			<u> </u>			
2			5						
3									
3.			0						
September interims, Sep									
September interims, Sep	otember spo	ecial session	on; Decemb						
September interims, Septem	otember spo	ecial sessions, mark here:	his or her immed	diate family, list		ent in each of t	the following		
September interims, Septem	aign contribution fficial, employee epresent. Comp	ecial sessions, mark here: or member of plete and attach	his or her immen	diate family, list	the amounts sp				
Expenditures  To expenditures, including camp  You spent money on any public or ategories per each employer you rependiture Categories	aign contribution fficial, employee epresent. Comp	ons, mark here: or member of plete and attack	his or her immed Schedule A to t Employer 3	diate family, list his report.	the amounts sp	Employer 6	Total Expended		
Expenditures  f no expenditures, including camp  you spent money on any public of ategories per each employer you re expenditure Categories  Meals and Beverages	aign contribution fficial, employee epresent. Comp Employer 1 \$78.39	ons, mark here: or member of plete and attach Employer 2	his or her imments Schedule A to t Employer 3	diate family, list his report.  Employer 4	the amounts sp	Employer 6	Total Expended		
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Expenditures  for expenditures, including camp  you spent money on any public or ategories per each employer you or expenditure Categories  Meals and Beverages  Lodging  Advertising  Travel  Gifts	aign contribution fficial, employee epresent. Comp Employer 1 \$78.39 \$ \$ \$ \$	ecial sessions, mark here: or member of plete and attack Employer 2 \$ \$ \$ \$ \$	his or her immed Schedule A to t Employer 3 \$ \$ \$ \$	diate family, list this report.  Employer 4  \$ \$ \$ \$ \$	Employer 5 \$ \$ \$ \$ \$	Employer 6 \$ \$ \$ \$ \$ \$	\$78.39 \$ \$ \$ \$		
Expenditures  f no expenditures, including camp  you spent money on any public o ategories per each employer you r expenditure Categories  Meals and Beverages  Lodging  Advertising  Travel  Gifts  Other Expenses	aign contribution fficial, employee epresent. Complete Employer 1 \$78.39 \$ \$ \$ \$ \$ \$	erial sessions, mark here: or member of plete and attach Employer 2 \$ \$ \$ \$ \$ \$	his or her imments Schedule A to to Employer 3 \$ \$ \$ \$ \$ \$	diate family, list his report.  Employer 4  \$ \$ \$ \$ \$ \$	Employer 5 \$ \$ \$ \$ \$ \$ \$	Employer 6 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$78.39 \$ \$ \$ \$ \$ \$		
September interims, September interims, September interims, September interims, September interims, including camp from expenditures, including camp from spent money on any public of categories per each employer your expenditure Categories  A. Meals and Beverages  B. Lodging  C. Advertising  D. Travel  E. Gifts  C. Other Expenses  G. Group Expenditures	aign contribution fficial, employee epresent. Comp Employer 1 \$78.39 \$ \$ \$ \$ \$	erial sessions, mark here: or member of plete and attack Employer 2 \$ \$ \$ \$ \$ \$ \$ \$	his or her immed Schedule A to to Employer 3 \$ \$ \$ \$ \$ \$ \$	diate family, list his report.  Employer 4  \$ \$ \$ \$ \$ \$ \$	Employer 5 \$ \$ \$ \$ \$	Employer 6 \$ \$ \$ \$ \$ \$	\$78.39 \$ \$ \$ \$ \$ \$ \$ \$		
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Continued on page 2

		Name.					Date	
Schedule A: WV Lol (Attach this completed shee								
Complete this form if you had during this reporting period. Gifts, (5) Other Expenditures	. If you have mad	le expenditure:	s in these categ	ories - (1) A	1eals & Bev			
If you shared any of these ex name. You are not required contributions] and Group En Schedule B.	to report on Sch	edule A detaile	ed expenditures	on Adverti	sing, Contri	butions [incl	uding p	olitical
1. Expenditure Details	- (include shared	l expenditures	not reported o	n Schedule	B)			
Report all expenditures in an those reported in Section 1a reported on Schedule B. Tra lobbyist, identify who share	or 2 (below) or ensfer the totals t	any portion of to section 5 on	a "Group Enter the Lobbyist Ac	tainment" ( tivity Repo	OR "Shared	Expense" ev	ent whi	ch are to be
Recipient name(s) and date	of expenditure	Meals & beverages	Lodging	Travel	Gifts	Other	Tota	al \$ ended
Danielle Walk	er	39.19						39.19
Evan Hanser	n	39.20						39.20
TOTAL Expendit	tures .							78.39
1a Gifts (Group)  Ordinarily gifts to individual of the House or Senate, the group it was given and the taransfer the total cost to the Describe the gift(s)	entire Legislature otal cost. You ne e Lobbyist Activit	e or to standing ed not list each	g or joint comm n legislator who on <b>5E</b> .	ittees must received th	be listed he	ere. Describ the name of	e the ite f the gro	em, to which
2. Participation in a Pa Report expenditures on a pa participation in a panel or sp	articular person in	the categorie	s listed below v					ıal's
Recipient name and event	Meals & beverages	Lodging	Travel	Gifts	Sched	Scheduled entertainme & other		t Total \$ expended
3. Subjects of Lobbying	3							
For each recipient identified then the subject matter of t Del. Danielle Walker - health	he lobbying. Exa	mple: "Del. Joe	Jones – Health					