## **RECEIVED**

By WV Ethics Commission at 12:35 pm, May 09, 2023

**West Virginia Ethics Commission** 

## **Lobbyist Activity Report Form**

2023-01

West Virginia Ethics Commission Attn: Lobbyist Registrar 210 Brooks St., Ste. 300 Charleston, WV 25301 No faxed copies 304-558-0664 For office use only: Rec'd\_ Postmark .

Late reporting fine - \$10 per business day past the due date (\$250 maximum)							and the state of	sni4		
1. Name and contact information										
Name Jon Hoffman Phone							800) 638-8299			
Address 11921 Rockville Pike, Suite 300						<sub>Email</sub> jh	Email jhoffman@kidneyfund.org			
City, State Zip Rockville, MD 20852										
2. Reporting period for which this activity report is being filed										
Check	Report	Period	Due Date	a Santa di Santa	The Market					
x	2023-01	1/1/23-4/30/23	5/15/23			100				
3. Li:	ist all employers/organizations that you represent as a lobbyist  Use additional reporting forms if necessary.									
	American Kidney Fund Inc									
2.	5									
3.	6.									
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."										
None										
5. Expenditures										
If no expenditures, including campaign contributions, mark here:										
If you	spent mone	y on any public offi	cial, employee	or member of h	nis or her immedia	ate family, list t	he amounts sp	ent in each of t	he following	
catego	ries per eac	h employer you rep	oresent. Comp	lete and attach	Schedule A to thi	s report.				
	diture Cate		Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended	
Α.		l Beverages	\$	\$	\$	\$	\$	\$	\$	
B.	Lodging		\$	\$	\$	\$	\$	\$	\$	
C.	Advertisin	g	\$	\$	\$	\$	\$	\$	\$	
D.	Travel		\$	\$	\$	\$	\$	\$	\$	
E.	Gifts		\$	\$	\$	\$	\$	\$	\$	
F.	Other Exp	enses	\$	\$	\$	\$	\$	\$	\$	
G.	Group Exp		\$	\$	\$	\$	\$	\$	\$	
Н.	Campaign Contributions LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.								\$	
1.		all expenditures	\$	\$	\$	\$	\$	\$	\$	
		or contributed to ar	y group event	or shared expe	nses, list the total	expended in c	ategory 5G imn	nediately above	e. Complete and	
attach a Schedule B for each event.										