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MAY 3 2023

WV Ethics Commission

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 304-558-0664 For office use only:

Rec'd_

Postmark _

Days late

No faxed copies

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

1. Name and contact information									
Name Kaylen Barker						Phone 304-344-9834			
Address 510 W. Washington St Email kaylon@ womannealthur.									
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City, State Zip Charleston, W 25302									
2. Reporting period for which this activity report is being filed									
Check	Report Period	Due Date	H. S. S. LEY						
x	2023-01 1/1/23-4/30/23	5/15/23							
3. Li	List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary.								
	1. 4 Domen's Health Center of UN 4.								
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2.				5					
3.				6.					
A Labbridge assists and the second of the se									
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."									
- Lobbruma for a reproductive healthcare &									
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-GIDTWITH THE THE STORY OF THE CONTROLLED.									
0									
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.									
	diture Categories	Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended	
A.	Meals and Beverages	\$	\$	\$	\$	\$	\$	S	
В.	Lodging	\$	\$	\$	\$	\$	\$	\$	
C.	Advertising	\$	\$	\$	\$	\$	\$	\$	
D.	Travel	\$	\$	\$	\$	\$	\$	\$	
E.	Gifts	\$	\$	\$	\$	\$	\$	\$	
F.	Other Expenses	\$	\$	\$	\$	\$	\$	\$	
G.	Group Expenditures	\$	Ś	Ś	Ś	\$	\$	1	
Н.	Campaign Contributions	<u> </u>	T	(PENDED" COLU	17] -	7	Š	
1.	TOTAL of all expenditures	\$	Ś	\$	Ś	Ś	\$	\$	
	sponsored or contributed to a	4	_					7	
	a Schedule B for each event	, 5. oap event	o. silared expe	, not the tot	a. experience iii t	2.2801 y 30 mm	icalately apove	complete and	