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By WV Ethics Commission at 1:10 pm, Sep 22, 2023

West Virginia Ethics Commission

Lobbyist Activity Report Form

2023-02

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

304-558-0664 *No faxed copies*

For office use only: Postmark

Days late _

Rec'd 9-22-2023 Fine \$50.00

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

1. Name and contact information										
Name Mark Drennan						Phone 304-343-0728				
Address 405 Captiol Street							Email mark@wvbehavioralhealth.org			
	900									
City S	City, State Zip Charleston, WV 25301									
City, State Lip										
	eporting period for which this activity report is being filed									
Check	•	Period 5 /1 /22 8 /21 /22	Due Date	_		_				
Х	2023-02	5/1/23-8/31/23	9/15/23	_		_				
				-		\vdash				
3. List all employers/organizations that you represent as a lobbyist										
1.	_WVBHPA 4									
2										
۷.	· 5									
3.	6									
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."										
None										
II.										
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	
A.	Meals and		\$	\$	\$	\$	\$	\$	\$	
В.	Lodging	2010.0800	\$	\$	\$	\$	\$	\$	\$	
C.		Advertising \$ \$ \$		\$	\$	\$	\$			
D.	Travel		\$	\$ \$		\$	\$	\$	\$	
E.	Gifts		\$	\$	\$	\$	\$	\$	\$	
F.	Other Expe	enses	\$	\$	\$	\$	\$	\$	\$	
G.		Group Expenditures \$ \$ \$		\$	\$	\$	\$			
Н.	Campaign Contributions		LIST AMOUNT IN "TOTAL EXPENDED" COLU			MN.	•		\$	
I.	TOTAL of a	all expenditures	\$	\$	\$	\$	\$	\$	\$ zero	
		r contributed to an	y group event	or shared expe	nses, list the tota	al expended in ca	ategory 5G imn	nediately above	e. Complete and	
attach a Schedule B for each event.										