West Virginia Ethics Commission

Lobbyist Activity Report Form

2023-03

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

No faxed copies

Rec'd

Fine

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

1. Name and contact information										
Name Rachel Coffman						Phone 304-549-8991				
Address 44 Coffman Estates						Email rachel@coffmancollaborative.com				
Address EmailEmail										
Ob - do -to -: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\										
City, State Zip Charleston, WV 25312										
Check	Report	Period	Due Date							
Х	2023-3	9/1/23-12/31/23	1/15/24							
	-									
	!		1				1			
3. List all employers/organizations that you represent as a lobbyist								oorting forms ij	f necessary.	
_{1.} EnCircle						4. Geographic Solutions				
2. Motion Picture Association						5. Facing Hunger Foodbank				
						6. WV Veterinary Medical Association				
3.	7. National Theater Owners Association - WV									
8 YWCA of Charleston										
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."										
I/DD Wavier Rate Study and Veterinary Tution Contract Program										
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 Emplo			Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended	
A.	Meals and	Beverages	\$246.07	\$	\$	\$	\$	\$	\$246.07	
B.	Lodging		\$	\$	\$	\$	\$	\$	\$	
C.	Advertising	g	\$	\$	\$	\$	\$	\$	\$	
D.	Travel		\$	\$	\$	\$	\$	\$	\$	
E.	Gifts		\$	\$	\$	\$	\$	\$	\$	
F.	Other Exp	enses	\$	\$	\$	\$	\$	\$	\$	
G.	Group Exp	enditures	\$	\$	\$	\$	\$	\$	\$	
Н.	Campaign	Campaign Contributions LIST AMOUNT IN "TOTAL EXPENDE		PENDED" COLU	MN.	417	0	\$0		
ſ.	TOTAL of a	all expenditures	\$	\$	\$	\$	\$	\$	\$246.07	
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.

^{**} There were no expenditures for Employer 7 or 8.