Received

JAN 1 2 2024

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									
NameJon Hoffman					Phone	ne (240) 292-7059			
Address11921 Rockville Pike, Suite 300					Email	jhoffman@kidneyfund.org			
						- Life			
City, State ZipRockville, MD 20852									
2. R	Reporting period for which this activity report is being filed								
Check	Report Period	Due Date		2) = 127A 1 = 15					
х	2023-3 9/1/23-12/31/2	3 1/15/24							
			1 - 73 (4-3)						
3. L	. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary.								
	American Kidney Fund Inc								
1. American Ridney Fund, Inc.									
2 5									
3	36								
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."									
Met with bill sponsor, wrote a letter of support to committee leadership.									
Met with bill sponsor, wrote a letter of support to committee leadership.									
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	\$	\$	\$	\$	\$	\$	\$	
B.	Lodging	\$	\$	\$	\$	\$	\$	\$	
C.	Advertising	\$	\$	\$	\$	\$	\$	\$	
D.	Travel	\$	\$	\$	\$	\$	\$	\$	
E.	Gifts	\$	\$	\$	\$	\$	\$	\$	
F.	Other Expenses	\$	\$	\$	\$	\$	\$	\$	
G.	Group Expenditures	\$	\$	\$	\$	\$	\$	\$	
H.	Campaign Contributions	LIST AMOUN	IT IN "TOTAL EX	PENDED" COLU	MN.			\$	
l.	TOTAL of all expenditures	\$	\$	\$	\$	\$	\$	\$	
If you sponsored or contributed to any group event or shared expenses, list the total expended in category 5G immediately above. Complete and									
attach	attach a Schedule B for each event								