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SEP 1 2 2023

WV Ethics Commission

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

For office use only:

No faxed copies

Late reporting fine - \$10 per business day past the due date (\$250 maximum)										
1. Name and contact information										
Name Karen Price						Phone _	Phone 304-3549-9862 Email Karen. price @ dinsmove. Co			
Address 707 Virginia St. E,						Email Naven. Price & Caristrian. Co				
Sw te 1300										
City, State Zip Charleston, W.V. 25201										
2. Reporting period for which this activity report is being filed										
Check	Report	Period	Due Date	P. B. Soliton						
х	2023-2	5/1/23-8/31/23	9/15/23							
						ncer in				
3. List all employers/organizations that you represent as a lobbyist										
1. Distilled Spivits Council of the United States. Insurance Federation of WV										
2. Winebow 5.										
3. Waste Hangement 6.										
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."										
4. Lobbying activity summary - If there was no activity or expenditures, indicate none.										
INSTAL ISSUES related to clients Usved above.										
5. Expenditures										
If no e	xpenditures	, including campaig	n contributio	ns, 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		gories	Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended	
A.	Meals and	Beverages	\$	\$	\$	\$	\$	\$	\$ -0-	
В.	Lodging		\$	\$	\$	\$	\$	\$	\$ -0-	
C.	Advertisin	g	\$	\$	\$	\$	\$	\$	\$ -0-	
D.	Travel		\$	\$	\$	\$	\$	\$	\$ -0-	
E.	Gifts		\$	\$	\$	\$	\$	\$	\$ -0-	
F.	Other Exp		\$	\$	\$	\$	\$	\$	\$ -0-	
G.	Group Exp		\$	\$	\$	\$	\$	\$	\$ -0-	
H.	Campaign Contributions LIST AMOUNT IN "TOTAL EXPENDED" COLUM						4	7100		
1.	I. 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 a Schedule B for each event.