

Lobbyist Activity Report Form

2023-03

West Virginia Ethics Commission	
Attn: Lobbyist Registrar	
210 Brooks St., Ste. 300	
Charleston, WV 25301	
304-558-0664	
<i>No faxed copies</i>	
<i>For office use only:</i>	
Postmark _____	Rec'd _____
Days late _____	Fine _____

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

1. Name and contact information

Name Lindsay Barr Phone 304-397-4071

Address 75 Chase Drive Email lindsay.barr@wvruralhealth.org
The Center for Rural Health Development Inc.

City, State Zip Hurricane, WV 25526

2. Reporting period for which this activity report is being filed

Check	Report	Period	Due Date				
x	2023-3	9/1/23-12/31/23	1/15/24				

3. List all employers/organizations that you represent as a lobbyist *Use additional reporting forms if necessary.*

1. The Center for Rural Health Development, Inc. 4. _____

2. _____ 5. _____

3. _____ 6. _____

4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."

Met with Legislators to discuss public health policies.

5. Expenditures

If no expenditures, including campaign contributions, mark here: X X

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 Beverages	\$	\$	\$	\$	\$	\$	\$
B. Lodging	\$	\$	\$	\$	\$	\$	\$
C. Advertising	\$	\$	\$	\$	\$	\$	\$
D. Travel	\$	\$	\$	\$	\$	\$	\$
E. Gifts	\$	\$	\$	\$	\$	\$	\$
F. Other Expenses	\$	\$	\$	\$	\$	\$	\$
G. Group Expenditures	\$	\$	\$	\$	\$	\$	\$
H. Campaign Contributions	LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.						\$
I. TOTAL of all expenditures	\$0	\$0	\$0	\$	\$	\$	\$

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.

Lobbyist Name	Lindsay Barr
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6. Total of all expenditures from line 5-I. (on page 1)	0
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7. Lobbyist certification – Please read and sign below.

To the best of my knowledge, the information contained hereon and on any attached materials is true, correct and complete. I understand that it is a violation of WV Code §6B-3-9 to willfully and knowingly file a false or incomplete report. I further understand that if convicted of such an act, I may be fined, sentenced to jail or both.

Lobbyist Signature: Lindsay Barr Date: 1-9-2024