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By WV Ethics Commission at 11:49 am, Jan 09, 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

No faxed copies

For office use only:

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 Sean Stephenson

Phone (202) 756-5747

Address 325 7th Street NW, 9th Floor

Email sstephenson@pcmanet.org

City, State Zip Washington, DC 20004

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. Pharmaceutical Care Management Association

4. _____

2. _____

5. _____

3. _____

6. _____


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

Issues relating to pharmacy benefits managers (PBMs), specifically in relation to insurance, prior authorization, gold carding, insulin copays and electronic portals.

5. Expenditures

If no expenditures, including campaign contributions, mark here: 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	\$	\$	\$	\$	\$	\$	\$ 0.00

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.

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