### Received

**West Virginia Ethics Commission** 

2024-2

### SEP 1 6 2024

## Lobbyist Activity Report Form WV Ethics Commission

West Virginia Ethics Commission Attn: Lobbyist Registrar 210 Brooks St., Ste. 300 Charleston, WV 25301 304-558-0664 No faxed con

For office use only: Postmark

Days late \_

No faxed copies

Fine

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

_	A1											
		ontact information	1									
Nam	e Caitlin C	Connors				Phone 202-223-8073						
Δddr	2776 S	6. Arlington Mill I	Dr., P.O. Box	x 803		Email cconnors@sbaprolife.org						
Audi						Cilidii _		1 3				
			_			er e						
City,	State Zip 🖺	rlington, VA 2220	6									
				THE THE PRODUCTION OF THE PROD								
2.	2. Reporting period for which this activity report is being filed											
Chec		Period	Due Date									
Х	2024-2	5/1/24-8/31/24	9/16/2024	4		\$11.50 mg						
3. List all employers/organizations that you represent as a lobbyist  Use additional reporting forms if necessary.												
, , , , , , , , , , , , , , , , , , , ,												
:	1. Susan B. Anthony Pro-Life America 4.											
;	2,				5.							
	·				6,							
				- de mile				MELLA				
4.	obbying act	ivity summary - If	there was no a	ctivity or exper	nditures, indicat	e "none."						
Nor	ie											
		4,400 (4.00)							Manager .			
	expenditure											
		s, including campa										
		y on any public off					the amounts sp	ent in each of t	the following			
	***************************************	ch employer you re		4			T					
	Expenditure Categories		Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended			
Α.		d Beverages	\$	\$	\$	\$	\$	\$	\$			
В.	Lodging		\$	\$	\$	\$	\$	\$	\$			
C.	Advertisir	1g	\$	\$	\$	\$	\$	\$	\$			
D.	Travel		\$	\$	\$	\$	\$	\$	\$			
E.	Gifts	.00000	\$	\$	\$	\$	\$	\$	\$			
F	Other Exp		\$	\$ \$	\$	\$	\$	\$	\$			
G.		contributions	· ·	T	, I	T -	\$	\$	\$			
H		Campaign Contributions LIST AMOUNT IN "TOTAL EXPENDE TOTAL of all expenditures \$ \$ \$		\$ \$	IVIN. ■	\$	1 6	\$				
		or contributed to a						\$	\$ 0			
н уоц	sponsored o	a contributed to at	ry group event	or snared expe	rises, list the tot	ai expended in c	ategory 56 imn	regratery above	e. Complete and			

attach a Schedule B for each event.

### Received

SEP 1 6 2024

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# Lobbyist Activity Report Form WV Ethics Commission

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

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 \_\_\_\_\_

1. Name and contact information												
Name Katie Glenn Daniel							Phone 202-223-8073					
Address 2776 S. Arlington Mill Dr., P.O. Box 803						Email kdaniel@sbaprolife.org						
City, S	City, State Zip Arlington, VA 22206											
2. Reporting period for which this activity report is being filed												
Check	Report	Period	Due Date									
Х	2024-2	5/1/24-8/31/24	9/16/2024	1								
						at a tellin						
3. L	3. List all employers/organizations that you represent as a lobbyist  Use additional reporting forms if necessary.											
	1. Susan B. Anthony Pro-Life America  4.											
2	2											
3	36											
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."												
None												
_									· · · · · · · · · · · · · · · · · · ·			
			Activities of									
5. E	xpenditures											
		, including campa	ian contributio	ns. mark here:								
		y on any public off				diate family list:	the amounts on	ent in each of	the following			
catego	ries per eac	h employer you re	present. Comp	lete and attach	Schedule A to t	his report.	tile allioutits sp	ent in each of	the following			
	diture Cate		Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended			
Α.	Meals and	Beverages	\$	\$	\$	\$	\$	\$	\$			
В.	Lodging		\$	\$	\$	\$	\$	\$	\$			
C.	Advertisin	g	\$	\$	\$	\$	\$	\$	Ś			
D.	Travel		\$	\$	\$	\$	\$	\$	\$			
E.	Gifts		\$	\$	\$	\$	\$	\$	\$			
F.	Other Exp	enses	\$	\$	\$	\$	\$	\$	\$			
G.	Group Exp		\$	\$	\$	\$	1\$	\$	\$			
Н.		Contributions							\$			
1.		all expenditures	\$	\$	\$	\$	\$	\$	\$0			
If you	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.												