## Received

**West Virginia Ethics Commission** 

## **Lobbyist Activity Report Form**

2024-2

SEP 1 3 2024

WV Ethics Commission

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 \_\_\_\_

Days late \_

Rec'd Fine \_\_

| Late  | reporting j               | fine - \$10 per bus  | iness day pa     | st the due dat   | e (\$250 maxin    | um)                           | Days late          | Fine           |                |  |
|---|---------------------------|--|------------------|------------------|-------------------|-------------------------------|--------------------|----------------|----------------|--|
| 1. N  | lame and co               | ontact information   | 1                |                  |                   |                               |                    |                |                |  |
| Name Katelyn Garden                           |                           |  |                  |                  |                   | Phone                         | Phone 304-602-3027 |                |                |  |
|   | Address 1504 College Way, |  |                  |                  |                   |                               |                    |                |                |  |
| Address                                       |                           |  |                  |                  |                   | Email Katie.Garden@cancer.org |                    |                |                |  |
|   |                           |  |                  |                  |                   | 0                             |                    |                |                |  |
| City, S                                       | itate Zip _               | exington, KY 40  | 502              |                  |                   |                               |                    |                |                |  |
|   |                           |  |                  |                  |                   |                               |                    |                |                |  |
| 2. R  | leporting pe              | eriod for which this   | s activity repor | t is being filed |                   |                               |                    |                |                |  |
| Check   | Report                    | Period   | Due Date         |                  |                   |                               |                    |                |                |  |
| Х   | 2024-2                    | 5/1/24-8/31/24   | 9/16/202         | 4                |                   |                               |                    |                |                |  |
|   |                           |  |                  |                  |                   |                               |                    |                |                |  |
|   |                           |  |                  |                  |                   | 7.10.1                        |                    |                |                |  |
| 3. L  | ist all emplo             | yers/organization  | s that you rep   | resent as a lobb |                   | Us                            | e additional re    | nortina forms  | if necessary   |  |
| American Cancer Society Cancer Action Network |                           |  |                  |                  |                   |                               |                    |                |                |  |
| 1   |                           |  |                  | on receive in    | 4                 |                               |                    |                |                |  |
| 2   |                           |  |                  |                  | 5                 |                               |                    |                |                |  |
| 3   |                           |  |                  |                  | 6                 |                               |                    |                |                |  |
|   |                           |  |                  |                  |                   |                               |                    |                |                |  |
| 1 1   | - <b>-</b>                | i de la companya de l | 4 la             |                  |                   | " "                           |                    |                |                |  |
|   |                           | ivity summary - If   | tnere was no a   | ctivity or exper | nditures, indicat | e "none."                     |                    |                |                |  |
| Non   | e<br>                     |  |                  |                  |                   |                               |                    |                |                |  |
|   |                           |  |                  |                  |                   |                               |                    |                |                |  |
|   |                           |  |                  |                  |                   |                               |                    |                |                |  |
|   |                           |  |                  |                  |                   |                               |                    |                |                |  |
| 5. E  | xpenditures               |  |                  |                  |                   |                               |                    |                |                |  |
|   |                           | ,<br>, including campai  | ian contributio  | ne mark hava     | V                 |                               |                    |                |                |  |
|   |                           | y on any public off  | -                |                  |                   | diata familio linto           |                    |                | LL - C-11      |  |
|   |                           | h employer you re  |                  |                  |                   |                               | ine amounts sp     | ent in each or | the following  |  |
|   | diture Cate               |  | Employer 1       | Employer 2       | Employer 3        | Employer 4                    | Employer 5         | Employer 6     | Total Expended |  |
| Α.  |                           | l Beverages  | \$               | \$               | \$                | \$                            | \$                 | \$             | \$             |  |
| В.  | Lodging                   | Deteluges  | \$               | \$               | \$                | \$                            | \$                 | \$             | \$             |  |
| C.  | Advertisin                | g  | \$               | \$               | \$                | \$                            | \$                 | \$             | \$             |  |
| D.  | Travel                    | <u> </u>   | \$               | \$               | \$                | \$                            | \$                 | \$             | \$             |  |
| E.  | Gifts                     |  | \$               | \$               | \$                | \$                            | \$                 | \$             | \$             |  |
| F.  | Other Exp                 | enses  | \$               | \$               | \$                | \$                            | \$                 | \$             | \$             |  |
| G.  | Group Exp                 |  | \$               | \$               | \$                | \$                            | \$                 | \$             | \$             |  |
| Н.  |                           | Contributions  |                  |                  | PENDED" COLU      |                               |                    |                | \$0            |  |
| I.  | TOTAL of                  | all expenditures   | \$               | \$               | \$                | \$                            | \$                 | \$             | \$ 0           |  |

If you sponsored or contributed to any group event or shared expenses, list the total expended in category 5G immediately above. Complete and

Continued on page 2

attach a Schedule B for each event.