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By WV Ethics Commission at 2:16 pm, May 08, 2023

West Virginia Ethics Commission

**Lobbyist Activity Report Form**

2023-01

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 Darcie Johnston  
Address 1629 K Street, NW #300  
Washington, DC 20006  
City, State Zip

Phone 802 236-4807  
Email darcie@ahcsm.org

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

Check	Report	Period	Due Date				
x	2023-01	1/1/23-4/30/23	5/15/23				

3. List all employers/organizations that you represent as a lobbyist

Use additional reporting forms if necessary.

- Allilance of Health Care Sharing Ministries, Inc.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_


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

S. B. 292 - Health Care Sharing Ministries Freedom to Share Act.

5. Expenditures

If no expenditures, including campaign contributions, 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	Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended
A. Meals and Beverages	\$0	\$	\$	\$	\$	\$	\$0
B. Lodging	\$0	\$	\$	\$	\$	\$	\$0
C. Advertising	\$0	\$	\$	\$	\$	\$	\$0
D. Travel	\$0	\$	\$	\$	\$	\$	\$0
E. Gifts	\$0	\$	\$	\$	\$	\$	\$0
F. Other Expenses	\$0	\$	\$	\$	\$	\$	\$0
G. Group Expenditures	\$0	\$	\$	\$	\$	\$	\$0
H. Campaign Contributions	LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. 						\$0
I. TOTAL of all expenditures	\$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.

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