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By WV Ethics Commission at 9:15 am, Sep 07, 2023

West Virginia Ethics Commission

# Lobbyist Activity Report Form

2023-02

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 Ely Osborne

Phone (304) 913-6122

Address 1601 2nd Avenue

Email ebosborne@alz.org

City, State Zip Charleston, WV 25387

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

Check	Report	Period	Due Date				
x	2023-2	5/1/23-8/31/23	9/15/23				

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

Use additional reporting forms if necessary.

- 1. Alzheimer's Association
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_


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

No specific bills. Emails and texts generally discussing Alzheimer Association priorities with state legislators. Set up meetings for future.

**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	\$	\$	\$	\$	\$	\$	\$
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	\$	\$	\$	\$	\$	\$	\$

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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