

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

**RECEIVED**

Days late

Rec'd

Fine

Fine

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

By WV Ethics Commission at 10:01 am, Jan 16, 2024

### 1. Name and contact information

Name Raymona A. Kinneberg

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Email raymona@rksbhcc.com

City, State Zip Charleston, WV 25314

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

Check	Report	Period	Due Date				
x	2023-03	9/1/23-12/31/23	1/16/24				

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

Use additional reporting forms if necessary.

- |  |  |
|--|--|
| 1. <u>CommuniCare Family of Companies</u>            | 4. <u>Lifepoint Health; 7. Acadia Healthcare</u> |
| 2. <u>ResCare d/b/a BrightSpring Health Services</u> | 5. <u>ScionHealth; 8. DaVita, Inc.</u>           |
| 3. <u>UHS of Delaware</u>                            | 6. <u>Johnson &amp; Johnson; 9. Summit BHC</u>   |


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

Health Care, Hospitals, Behavioral Health, Children's Services, Long Term Care, Substance Abuse Treatment, Personal Care Services, Home Health Services, Renal Dialysis Services

### 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. 						\$ 900
I. TOTAL of all expenditures	\$	\$	\$	\$	\$	\$	\$ 900.00

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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