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By WV Ethics Commission at 11:19 am, May 15, 2024

West Virginia Ethics Commission

# Lobbyist Activity Report Form

2024-1

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 Elaine Darling  
 Address 75 Chase Dr.  
 \_\_\_\_\_  
 City, State Zip Hurricane, WV 25526

Phone 304-397-4071  
 Email elaine.darling@wvruralhealth.org

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

Check	Report	Period	Due Date				
x	2024-1	1/1/24-4/30/24	5/15/2024				

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

*Use additional reporting forms if necessary.*

- |   |          |
|---|----------|
| 1. <u>The Center for Rural Health Development, Inc.</u> | 4. _____ |
| 2. _____  | 5. _____ |
| 3. _____  | 6. _____ |

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

Met with legislators to discuss immunization policies.

**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	<i>LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.</i>						\$
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 attach a Schedule B for each event.

Continued on page 2

[Redacted]

6. Total of all expenditures from line 5-l. (on page 1) 0

[Redacted]

To the best of my knowledge, the information contained hereon and on any attached materials is true, correct and complete. I understand that it is a violation of WV Code §6B-3-9 to willfully and knowingly file a false or incomplete report. I further understand that if convicted of such an act, I may be fined, sentenced [Redacted]

[Redacted]