

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 Phone 802 236-4807
 Address 1629 K Street, NW #300 Email darcie@ahcsm.org

 City, State Zip Washington, DC 20006

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.*

1. Allilance of Health Care Sharing Ministries, Inc. 4. _____
 2. _____ 5. _____
 3. _____ 6. _____

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.

Lobbyist Name	Darcie Johnston
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6. Total of all expenditures from line 5-I. (on page 1)	0.00
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7. Lobbyist certification – Please read and sign below.

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 to prison or both.

Lobbyist Signature: _____ Date: 5/8/2023