

SEP 13 2024

WV Ethics Commission

West Virginia Ethics Commission

Lobbyist Activity Report Form

2024-2

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 Kelly Allen Phone 304-720-8682
 Address 1610 Washington Street E. Email kallen@wvpolicy.org
Suite 200
 City, State Zip Charleston, WV 25311

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

Check	Report	Period	Due Date				
x	2024-2	5/1/24-8/31/24	9/16/2024				

3. List all employers/organizations that you represent as a lobbyist *Use additional reporting forms if necessary.*

1. West Virginia Center on Budget and Policy 4. _____
 2. _____ 5. _____
 3. _____ 6. _____


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

Attended legislative interims meetings and May special session to track legislation and meet with lawmakers regarding legislation related to Medicaid, taxes, PEIA, and education

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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