

Received

SEP 08 2021

WV Ethics Commission

West Virginia Ethics Commission

Lobbyist Activity Report Form

2021-02

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 Heidi McCracken

Phone (484) 769-7600

Address 309 Shelly Drive

Email _____

City, State Zip Sinking Spring, PA 19608

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

Check	Report	Period	Due Date				
x	2021-2	5/1/21-8/31/21	9/15/21				

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

Use additional reporting forms if necessary.

- Hikma Specialty USA, Inc. c/o Velocity BioGroup
- _____
- _____
- _____
- _____
- _____


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

Met with Dr. Matthew Christensen/ Director of DHHR Office of Drug Control Policy to educate and work towards adding Kloxxado on to the Standing Order in W. VA.

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	\$	\$	\$	\$	\$	\$
B. Lodging	\$0	\$	\$	\$	\$	\$	\$
C. Advertising	\$0	\$	\$	\$	\$	\$	\$
D. Travel	\$0	\$	\$	\$	\$	\$	\$
E. Gifts	\$0	\$	\$	\$	\$	\$	\$
F. Other Expenses	\$0	\$	\$	\$	\$	\$	\$
G. Group Expenditures	\$0	\$	\$	\$	\$	\$	\$
H. Campaign Contributions	LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. 						\$
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