

West Virginia Ethics Commission

# Lobbyist Activity Report Form

2022-01

**RECEIVED**

By Ethics Commission at 6:20 pm, May 16, 2022

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 Katelyn Garden

Phone 304-602-3027

Address 1500 College Way

Email Katie.Garden@cancer.org

City, State Zip Lexington, KY, 40520

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

Check	Report	Period	Due Date				
x	2022-1	1/1/22-4/30/22	5/16/22				

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

*Use additional reporting forms if necessary.*

- |   |          |
|---|----------|
| 1. <u>American Cancer Society Cancer Action Network</u> | 4. _____ |
| 2. _____  | 5. _____ |
| 3. _____  | 6. _____ |

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

no expenditures; lobby activities included advocating for increased tobacco tax, tobacco prevention & cessation program funding (DTP), and fighting preemption.

**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	\$	\$	\$	\$	\$	\$	\$ 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.

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