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By Ethics Commission at 1:26 pm, Sep 07, 2022

West Virginia Ethics Commission

Lobbyist Activity Report Form

2022-02

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 Raymona Kinneberg

Phone (304) 343-2462

Address 210 MacCorkle Ave SE

Email raymona@rksbhcc.com

City, State Zip Charleston, WV 25314

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

Check	Report	Period	Due Date				
x	2022-2	5/1/22-8/31/22	9/15/22				

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

Use additional reporting forms if necessary.

- 1. Commercial Holdings
- 2. Stonerise Healthcare
- 3. ResCare d/b/a BrightSpring Health Services
- 4. Johnson & Johnson
- 5. Acadia Healthcare
- 6. LifePoint Health
- 7. UHS of Delaware
- 8. YWCA
- 9. DaVita, Inc.
- 10. ScionHealth
- 11. WV Association of Nurse Anesthetists

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

Health Care, Hospitals, Behavioral Health, Children's Services, Long Term Care, Substance Abuse Treatment, Homeless Programs, Domestic Violence Programs, Personal Care Services, Home Health Services, Renal Dialysis Services

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.						\$ 600
I. TOTAL of all expenditures	\$	\$	\$	\$	\$	\$	\$ 600

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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