

**RECEIVED**

By Ethics Commission at 9:00 am, Sep 01, 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 Jeff Stevens

Phone 304-733-6484

Address 650 Main Street

Email jeff@walkerandstevens.com

City, State Zip Barboursville WV 25504

**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. Please see the attached client list.
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

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

Attended legislative interim session meetings; discussed health care policy issues with legislators and staff.

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

Continued on page 2

**JEFF STEVENS – ATTACHMENT**  
**EMPLOYERS/ORGANIZATIONS**  
**(2022-02)**

1. West Virginia Primary Care Association
2. ModivCare Solutions, LLC
3. West Virginia Academy of Family Physicians
4. West Virginia Academy of Eye Physicians & Surgeons
5. Jazz Pharmaceuticals, Inc. and its Subsidiaries, including Greenwich Biosciences, Inc.