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WV Ethics Commission

West Virginia Ethics Commission

# Lobbyist Activity Report Form

2022-03

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 Angela Gochenaur

Phone 617-634-4021

Address 100 Basil Street

Email angie.gochenaur@peartherapeutics.com

City, State Zip Marietta, PA 17547

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

| Check | Report | Period          | Due Date |  |  |  |  |
|-------|--------|-----------------|----------|--|--|--|--|
| x     | 2022-3 | 9/1/22-12/31/22 | 1/17/23  |  |  |  |  |
|       |        |                 |          |  |  |  |  |
|       |        |                 |          |  |  |  |  |

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

Use additional reporting forms if necessary.

- Pear Therapeutics (US), Inc
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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


Prescription digital therapeutics - Medicaid coverage

Prescription digital therapeutics- state pilot

### 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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