

West Virginia Ethics Commission  
**Lobbyist Activity Report Form**  
 2023-01

West Virginia Ethics Commission  
 Attn: Lobbyist Registrar  
 210 Brooks St., Ste. 300  
 Charleston, WV 25301  
 304-558-0664  
 For office use only:  
 Postmark \_\_\_\_\_ Rec'd 5/15/2023  
 Days late \_\_\_\_\_ Fine \_\_\_\_\_

Late reporting fine - \$10 per business day past the due date (\$250 maximum)

**1. Name and contact information**  
 Name Gretchen Frankenberry  
 Address 1860 Loudon Heights Road  
 City, State Zip Charleston, WV 25314  
 Phone 304-444-4695  
 Email gretchen@thrivecollaborativellc.com

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

Check	Report	Period	Due Date				
X	2023-01	1/1/23-4/30/23	5/15/23				

**3. List all employers/organizations that you represent as a lobbyist** *Use additional reporting forms if necessary.*

- TEAM for WV Children, Inc.
- WV Society for Respiratory Care
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."**  
 Lobbying activities included meeting and emailing with legislators, attending committee meetings, and providing educational resources to legislators. There were no expenses.

**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	\$	\$	\$	\$	\$	\$	\$

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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