

RECEIVED
 By WV Ethics Commission at 8:20 am, Aug 17, 2023

Return to:
 WV Ethics Commission
 210 Brooks St., Ste 300
 Charleston, WV 25301
 (304) 558-0664
 ethics.wv.gov

X

West Virginia Lobbyist Termination Notice

Final reporting period dates: _____ through August, 2023
 (January 1 or date of last report) (Final lobbying date)

- I am completely terminating my full lobbyist registration and will no longer lobby in WV, or
- I am terminating only the employer(s) listed in #2 below.

*****Note: You are still subject to audit – Keep your address up to date for the next two years.**

1. Lobbyist Name (Please PRINT clearly or type. Indicate if address had changed.)

Print Name: Jonathan Board E-mail: Jonathan.board@vandaliahealth.org Phone: (304.) 376-0578
 Preferred mailing address: 1200 JD Anderson drive, Morgantown, WV 26501

2. Represented Employer(s)/Organization(s)

1. Mon Health System 4. _____
 2. _____ 5. _____
 3. _____ 6. _____

3. Lobbying Activity

Describe the subject matter of the lobbying activities in which you have engaged this year.
Healthcare

4. Expenditures: If no expenditures, check 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 under the corresponding employer you represent. Complete and attach **Schedule A** to this notice. Report all expenditures made by you and/or your employer on government officials and employees in furtherance of your lobbying activities. Do not report your compensation as a lobbyist or expenditures you or your employer made for your personal meals, lodging, travel or office support expenses.

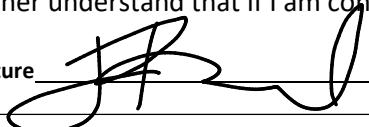
For more than one employer, show the amount under the appropriate employer column

| | Emp 1 | Emp 2 | Emp 3 | Emp 4 | Emp 5 | Emp 6 | Total Expended |
|------------------------------------|--|-------|-------|-------|-------|-------|----------------|
| A Meals and Beverages | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| B Lodging | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| C Advertising | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| D Travel | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| E Gifts | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| F Other Expenditures | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| G Group Expenditures | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| H Campaign Contributions | <i>List amount in "Total Expended" column.</i> | | | | | | \$ |
| I Total of all expenditures | \$ | \$ | \$ | \$ | \$ | \$ | \$ |

If you sponsored or contributed to any group event or shared expenses, complete and attach a **Schedule B** for each event.

5. Lobbyist's Certification and Signature

To the best of my knowledge, the information contained hereon and on any attached materials is true, correct and complete. I understand that it is a violation of W.Va. Code § 6B-3-9 to willfully and knowingly file a false or incomplete report. I further understand that if I am convicted of such an act, I can be fined, sentenced to jail or both.

Lobbyist signature  Date 8/16/23