West Virginia Ethics Commission

Name and contact information

City, State Zip Hurricane, WV 26508

Name Elaine Darling

Address 75 Chase Dr.

Lobbyist Activity Report Form

2023-02

West Virginia Ethics Commission Attn: Lobbyist Registrar 210 Brooks St., Ste. 300 Charleston, WV 25301

Phone <u>304-397-</u>4071

Email elaine.darling@wvruralhealth.org

304-558-0664 For office use only: No faxed copies

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

Postmark ______ Rec'd ___9-14-2023 ______
Days late ______ Fine ______

2. Reporting period for which this activity report is being filed									
Check	Report Period	Due Date							
х	2023-02 4/1/23-8/31/23	9/15/23							
3. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary.									
1. The Center for Rural Health Development									
2.	2 5								
3.				6.					
3.				0					
4. Lo	bbying activity summary - If	there was no a	ctivity or exper	iditures, indicat	e "none."				
Spoke with legislators about community health and public health in WV.									
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.									
			1	1	1		Employer 6	Total Evenended	
<u> </u>	diture Categories	Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended	
Α.	Meals and Beverages	\$	\$	\$	\$	\$	\$	\$	
В.	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	\$	\$	\$	\$	\$	\$	\$	
	ponsored or contributed to a	ny group event	or shared expe	nses, list the tot	al expended in c	ategory 5G imn	nediately above	e. Complete and	
attach a Schedule B for each event.									

6.	Total of all expenditures from line 5-I. (on page 1)	0				
7.	Lobbyist certification – Please read and sign below.					
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 WV Code §6B-3-9 to willfully and knowingly file a false or incomplete report. I further understand that if convicted of such an act, I may be fined, sentenced to jail or both.						
Lob	obyist Signature:	ot. 14, 2023				

Lobbyist Name

Elaine Darling