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By WV Ethics Commission at 11:10 am, Sep 12, 2023

West Virginia Ethics Commission

Lobbyist Activity Report Form

2023-02

						Days late	·	Fine		
Name and contact information										
Melania Dompooy										
						_ Phone	Phone 304-353-9756			
Address 100 Association Dr.						_ Email	Email mdempsey@wvha.org			
										
City, State Zip Charleston, WV 25311										
2. Reporting period for which this activity report is being filed										
Reporting period for which this activity report is being filed Check Report Period Due Date										
X	2023-2	5/1/23-8/31/23								
-	+	3/1/23 0/31/23	3/13/23			-				
	Use additional reporting forms if necessary									
1	1. West Virginia Hospital Association 4									
2	2									
36										
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."										
None										
5. Expenditures										
5. Expenditures If no expenditures, including campaign contributions, mark here:										
If you	xpenaitures,	including campa	ign contributio	ns, 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 ottach School the following categories per each employer you represent Complete and ottach School the following categories per each employer you represent the following categories per each employer you represent the following categories are categories and ottach School the following categories are categories and categories are categories are categories and categories are categories and categories are categor										
Exponditure Cotonside										
Α.	Meals and		Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended	
В.	Lodging	Deverages	\$	\$	\$	\$	\$	\$	\$	
C.	Advertising		\$	\$	\$	\$	\$	\$	\$	
D.	Travel		Ś	\$	\$	\$	\$	\$	\$	
E.	Gifts		\$	\$	\$	\$	\$	\$	\$	
F.	Other Expenses		\$	\$	\$	\$	\$	\$	\$	
G.	Group Expenditures		\$	\$	\$	\$	\$	\$	\$	
H.		ontributions	\$ \$ \$ \$ \$ \$ \$ LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.						\$	
ī.			\$	\$	\$	Ś			\$	
If you s		contributed to ar		or shared evne	nses list the tet) aumamata di in a	\$	\$	\$ 0	
attach a	a Schedule B	for each event.	, 6	or or area exper	rises, list the tota	ar experiued in C	ategory 5G imm	lediately above	e. Complete and	