SEP 5 2023

WV Ethics Commission

West Virginia Ethics Commission

Lobbyist Activity Report Form

2023-02

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

304-558-0664
For office use only:

Postmark __ Days late __ No faxed copies

Fine

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

Late reporting fine - 510 per business day past the due date (5230 maximum)										
1. Name and contact information										
Name Seth DiStefano						Phone 304.762.8682				
Name	1610 \	Machinaton 9	Stroot F			Email sdistefano@wvpolicy.org				
								s wwponcy.	org	
	Suite 200									
City, State Zip 25301										
2. Reporting period for which this activity report is being filed										
Check										
х	-	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.										
West Virginia Center on Budget and Policy									11000334771	
1.	1. West virginia denter on budget and rolley 4.									
2 5										
3.	36									
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."										
Budget and Tax, Medicaid, Food Security, Workers Rights, Criminal Law Reform										
5. Expenditures										
If no e.	xpenditures	, including campa	gn 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 attach Schedule A to this report.										
Expen	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.			\$	\$	\$	\$	\$	\$	\$	
Н.	Campaign Contributions LIST AMOUNT IN "TOTAL EXPENDED" (\$	
I,	TOTAL of	all expenditures	\$	\$	\$	\$	\$	\$	\$0.00	

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.