## West Virginia Ethics Commission

Lobbyist Activity Report Form 2023-02

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

West Virginia Ethics Commission Attn: Lobbyist Registrar
210 Brooks St., Ste. 300
Charleston, WV 25301
304-558-0664 No faxed copies

For office use only: Postmark
Days late $\qquad$ Recd 9-18-23 Fine $\quad \$ 10.00$

## 1. Name and contact information

Name Jon Hoffman
Address 11921 Rockville Pike, Suite 300

Phone (240) 292-7059
Email jhoffman@kidneyfund.org

City, state Zip_Rockville, MD 20852

| 2. Reporting period for which this activity report is being filed |  |  |  |  |  |  |  |
| :---: | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Check | Report | Period | Due Date |  |  |  |  |
| $x$ | $2023-2$ | $5 / 1 / 23-8 / 31 / 23$ | $9 / 15 / 23$ |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

3. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary.
4. American Kidney Fund, Inc,
5. 
6. $\qquad$
7. 
8. $\qquad$
9. Lobbying activity summary - If there was no activity or expenditures, indicate "none."

None

## 5. Expenditures

If no expenditures, including campaign contributions, mark here: _ $\sqrt{ } /$ _
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. |  |  |  |  |  | \$ |
| 1. | TOTAL of all expenditures | \$ | \$ | \$ | \$ | \$ | \$ | \$ 0 |

If you sponsored or contributed to any group event or shared expenses, list the total expended in category 5 G immediately above. Complete and attach a Schedule B for each event.

| 6. Total of all expenditures from line 5-I. (on page 1) | 0.00 |
| :--- | :--- |

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 $\$ 6 \mathrm{~B}-3-9$ 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 of both.

Date:


