## **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

No faxed copies

1. Name and contact information											
<sub>Name</sub> Jim McKay					Phone 304-617-0099						
Address 3741 Lindberg Way					Email jim@teamwv.org						
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	- \Meirton \M\/ 26	3062		_							
City, State Zip Weirton, WV 26062											
	eporting period for which this		t is being filed								
Check x	Report Period 2023-02 4/1/23-8/31/23	<b>Due Date</b> 9/15/23	-		_						
^	2023-02 4/1/23-8/31/23	9/13/23	-								
	<u> </u>							_			
3. List all employers/organizations that you represent as a lobbyist  Use additional reporting forms if necessary.											
1TEAM for WV Children 4											
2.				5.							
3.				6							
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."											
Advocacy in support of public policies to prevent child abuse and neglect in West Virginia.											
5. Expenditures											
'											
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	diture 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	\$	\$	\$	\$	\$	\$	\$			
Н.	Campaign Contributions LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. \$0							\$ 0			
ı.	TOTAL of all expenditures	\$	\$	\$	\$	\$	\$	<b>\$</b> 0			
			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.								
5. Expenditures											
5. Expenditures											
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'											
If no expenditures, including campaign contributions, mark here: _											
						the amounts sp	ent in each of t	he following			
Expen	diture Categories	Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended			
		' '	. ,		. ,			•			
A.	_	\$	\$	\$	\$	\$	\$	\$			
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В.	Lodging					· ·	Ş	•			
C.	Advertising	\$	\$	\$	\$	\$	\$	\$			
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F.	Other Expenses	\$	\$	\$	\$	\$	\$	\$			
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G.	Group Expenditures	Ś	Ś	Ś	Ś	Ś	Ś	Ś			
G.	' '	•	•		\$	\$	\$	\$			
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Н	H. Campaign Contributions LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.										
п.		LIST AIVIOUN						·			
I.	TOTAL of all expenditures	\$	\$	\$	\$	\$	\$	<b>\$</b> 0			
			If you sponsored or contributed to any group event or shared expenses, list the total expended in category 5G immediately above. Complete and								
If vou	sponsored or contributed to a	ny groun event	or shared expe	inses. list the tot	al expended in c	ategory 5G imn	nediately above	e. Complete and			