RECEIVED

By WV Ethics Commission at 2:29 pm, Jan 16, 2024

West Virginia Ethics Commission

Lobbyist Activity Report Form

2023-03

West Virginia Ethics Commission Attn: Lobbyist Registrar 210 Brooks St., Ste. 300 Charleston, WV 25301 304-558-0664

Rec'd_

For office use only: Postmark

Days late

No faxed copies

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

									<u>_</u>	
1. Name and contact information										
Name Alexandra Arwood						Phone (412) 706-2028				
Address 438 McKinley Ave.						Email allymarie.wvu@gmail.com				
Address 155 months 1745.									_	
City, State Zip Charleston, WV 25314										
·										
2. Reporting period for which this activity report is being filed										
Check	Report	Period	Due Date	is being med						
Х	2023-3	9/1/23-12/31/23	1/15/24	_						
	2023 3	3/1/23 12/31/23	1/13/24	-		_				
				-						
	I I		1							
3. Li	3. List all employers/organizations that you represent as a lobbyist									
 None (terminated representation as of 4/1/23) 4. 										
· · · · · · · · · · · · · · · · · · ·										
2 5										
3 6										
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."										
None										
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.										
Expen	diture Catego	ories	Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended	
A.	Meals and	Beverages	\$	\$	\$	\$	\$	\$	\$	
B.	Lodging		\$	\$	\$	\$	\$	\$	\$	
C.	Advertising	S	\$	\$	\$	\$	\$	\$	\$	
D.	Travel \$ \$ \$		\$	\$	\$	\$				
E.	Gifts		\$	\$	\$	\$	\$	\$	\$	
F.	Other Expe	Other Expenses \$ \$ \$		\$	\$	\$	\$			
G.	Group Expe	enditures	\$ \$ \$		\$	\$	\$	\$	\$	
H.	Campaign (Contributions	LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. \$						\$	
l.	TOTAL of a	II expenditures	\$	\$	\$	\$	\$	\$	\$ 0	
If you	sponsored or	contributed to any	group event	or shared exper	nses, list the tota	al expended in ca	ategory 5G imm	nediately above	e. Complete and	
attach	attach a Schedule B for each event.									