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 No faxed copies For office use only:			
Late reporting fine - \$10 per business day past the due date (\$250 maxin)						RECEIVED By WV Ethics Commission at 4:03 pm, Jan 12, 2024			
1. Name and contact information									
Name Katherine Ann Thompson						Phone 202-480-3106			
Address_6307 Buffie Ct						Email katie.thompson@heritageaction.com			
Address							allo.inompe		gouotion.com
City, State Zip Burke, VA 22015									
2. Reporting period for which this activity report is being filed									
Z. R	1	Period	Due Date	is being filed				ing and	
x	2023-3	9/1/23-12/31/23	1/15/24						
						Ass In			
3. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary.									
Heritage Action for America									
1. Heritage Action for America 4.									
2 5									
36									
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."									
Defining sex model legislation									
에는 것은									
				and the second second					
5. E	penditures	;		a di kan da sa					
If no expenditures, including campaign contributions, mark here: _ X _									
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.									
	diture Categ		Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended
A.	Meals and	Beverages	\$0	\$	\$	\$	\$	\$	\$
В.	Lodging		\$0	\$	\$	\$	\$	\$	\$
C.	Advertisin	g	\$0	\$	\$	\$	\$	\$	\$
D.	Travel	ىنى كېتىرىڭ ئۆركەيلىرىلىلىلىلىكى بىرىكە بىرىكىلىلىلىكى بىلىكە بىلىكە بەر يىلىكە بىلىكە بەلگە بەر ئىلىپىرىپە بە ئىلى	\$0	\$	\$	\$	\$	\$	\$
E.	Gifts	Gifts \$0 \$ \$		\$	\$	\$	\$		
F.	Other Exp	Other Expenses \$0 \$		\$	\$	\$	\$		
G.	Group Exp	oup Expenditures \$0 \$		\$	\$	\$	\$		
Н.		Contributions		T IN "TOTAL EX	PENDED" COLU	MN.			\$0
۱.	1	all expenditures	\$0	\$	\$	\$	\$	\$	\$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.									

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