

Received

JAN 13 2021

WV Ethics Commission

West Virginia Ethics Commission

Lobbyist Activity Report Form

2020-03

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:
Postmark _____ Rec'd _____
Days late _____ Fine _____

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

1. Name and contact information

Name Jill C. Rice Phone 304-225-1430

Business Address 215 Don Knotts Blvd. Business Email jill.rice@dinsmore.com
Suite 310

City, State Zip Morgantown, WV 26501

2. Reporting period for which this activity report is being filed

Check	Report	Period	Due Date				
x	2020-3	9/1/20 - 12/31/20	1/15/2021				

3. List all employers/organizations that you represent as a lobbyist *Use additional reporting forms if necessary.*

1. West Virginia Insurance Federation 4. RELX Inc.

2. UniCare Health Plan of WV, Inc. 5. West Virginia Secondary Schools Activities Commission

3. Opportunity West Virginia, Inc. 6. Care Source

4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."

Insurance; Medicaid and healthcare; Diversity; Economic Development; Extra curricular activities for secondary schools

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.

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	<i>LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.</i>						\$ 950.00
I. TOTAL of all expenditures	\$	\$	\$	\$	\$	\$	\$ 950.00

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.