West Virginia Ethics Commission.

## **Lobbyist Activity Report Form**

6. Lobbyist certification - Please read and sign below.

2017-03

West Virginia Ethics Commission Attn: Lobbyist Registrar 210 Brooks St.; Ste. 300 Charleston, WV 25301 304-558-0664 No faxed coples For office use only: Postmark\_\_\_\_\_\_Rec'd\_\_\_\_

| Late reporting fine - \$10 per business day past the due date (\$250 maximum)   |                                       |   |                  |                |                    |                  |  |                  |                 |  |
|---|---------------------------------------|---|------------------|----------------|--------------------|------------------|--|------------------|-----------------|--|
| 1. Name and contact information:  |                                       |   |                  |                |                    |                  |  |                  |                 |  |
| Name Linda Beckman  |                                       |   |                  |                |                    | phana 3          | Phone 304-424-9858                                 |                  |                 |  |
| ,   |                                       |   |                  |                |                    | Phone <u></u>    | Email linda.beckman@highmark.com                   |                  |                 |  |
| Address 614 Market Street   |                                       |   |                  |                |                    | Email 111        | Email into a Deckman (while in the internal K. COM |                  |                 |  |
|   |                                       |   |                  |                |                    |                  |  |                  |                 |  |
| City, St  | City, State Zip Parkersburg, WV 26101 |   |                  |                |                    |                  |  |                  |                 |  |
|   |                                       |   |                  |                |                    |                  |  |                  |                 |  |
| 2. Reporting period for which this activity report is being filled  |                                       |   |                  |                |                    |                  |  |                  |                 |  |
| Check   | Report                                | Period  | Due Date         |                |                    |                  |  |                  | 1               |  |
| х   | 2017-3                                | 9/1/17-12/31/17   |                  | 1              |                    |                  |  |                  |                 |  |
|   |                                       |   |                  | 1              |                    |                  |  |                  |                 |  |
|   |                                       |   |                  |                |                    |                  |  |                  |                 |  |
| 3. List all employers/organizations that you represent as a lobbyist   Use additional reporting forms if necessary.   |                                       |   |                  |                |                    |                  |  |                  |                 |  |
| Highmark West Virginia, Inc.  |                                       |   |                  |                |                    |                  |  |                  |                 |  |
| -1, Tilgimark West Vilgina, nic.  |                                       |   |                  |                |                    |                  |  |                  |                 |  |
| . 2.  | .2,5,                                 |   |                  |                |                    |                  |  |                  |                 |  |
| 3.  | 3,6                                   |   |                  |                |                    |                  |  |                  |                 |  |
|   |                                       |   |                  |                |                    |                  |  |                  |                 |  |
| 4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."   |                                       |   |                  |                |                    |                  |  |                  |                 |  |
| "none"  |                                       |   |                  |                |                    |                  |  |                  |                 |  |
| TIOTIO  |                                       |   |                  |                |                    |                  |  |                  |                 |  |
|   |                                       |   |                  |                |                    |                  |  |                  |                 |  |
|   |                                       |   |                  |                |                    |                  |  |                  |                 |  |
|   |                                       |   |                  |                |                    |                  |  |                  |                 |  |
| 5. Expenditures   |                                       |   |                  |                |                    |                  |  |                  |                 |  |
|   |                                       | , including campai  | - 1              |                |                    | III a sad sa     | ·  |                  |                 |  |
|   |                                       | y on any public offi  |                  |                |                    |                  | he amounts sp                                      | ent in each of t | he 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 Expe |                                       |   |                  |                |                    |                  |  | Total Expended   |                 |  |
| A.  |                                       | ·   | Employer 1<br>\$ | Employer 2     | Employer 3         | Employer 4       | Employer S   | \$               | \$0.00          |  |
| B.  | Meals and Beverages Lodging           |   | \$               | \$             | \$                 | \$               | \$   | \$               | \$ 0.00         |  |
| Ç,  | Advertising                           |   | <u> </u>         | \$             | <del>  3</del>     | \$               | \$   | \$:              | \$0.00          |  |
| D:  | Travel                                |   | \$               | Š.             | \$                 | \$               | \$   | \$               | \$0,00          |  |
| Ĕ,  | Gifts                                 |   | <u>\$</u>        | ·s             | \$                 | \$               | \$   | ·\$              | \$ 0.00         |  |
| F.  | Other Expenses                        |   | \$               | Š              | Š                  | \$               | \$   | \$               | \$0:00          |  |
| G.  |                                       | genditures  | \$               | Š              | \$                 | \$               | \$   | \$               | \$'0.00'        |  |
| Н,  |                                       | Campaign Contributions LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. \$0.00 |                  |                |                    |                  |  | \$ 0.00;         |                 |  |
| ľ;  | TOTAL of all expenditures             |   | \$0.00           | \$0.00         | \$0.00             | \$ 0.00          | \$:0.00  | ·\$ 0:00         | \$ 0.00         |  |
|   |                                       | or contributed to ar  | y group event    | or shared expe | nses, list the tot | al expended in c | ategory 5G imn                                     | nediately abov   | e. Complete and |  |
| attach  | attach a Schedule B. for each event.  |   |                  |                |                    |                  |  |                  |                 |  |