### West Virginia Ethics Commission

2017-01

### Received

# **Lobbyist Activity Report Form**

MAY 15 2017

WV Ethics Commission

West Virginia Eth	ics Commission	
Attn: Lobbyist Re	egistrar	
210 Brooks St., St	te. 300	
Charleston, WV	25301	
304-558-0664	No faxed copies	
For office use only:		
Postmark	Rec'd	
·	The state of the s	

Name	Jane Cline		• • • • • • • • • • • • • • • • • • • •		Phone 304-720-4072			
Addre	300 Kanawha Bouleva	ard, East			Email jcline@spilmanlaw.com			
City, S	State Zip Charleston, WV	25301			K			
2. F	Reporting period for which this	s activity repor	t is being filed					***************************************
Check		Due Date						
х	2017-01 1/1/17-4/30/17	5/15/17			Acceptance			
							<u> </u>	
3. L	ist all employers/organization	s that you rep	resent as a lobi	oyist	Us	e additional re	porting forms i	f necessary.
	Coalition for Sound Unc	laimed Prop	erty Law	, Gua	aranteed Asse			
2. American Council of Life Insurers					ina Healthcar			
	America's Health Insura	nce Plans		6, Car	eSource Man	agement Ser	vices	
		nce Plans		6, <u>Car</u>	eSource Man	agement Ser	vices	
3	America's Health Insura		ctivity or eyne			agement Ser	vices	
3 4. L	America's Health Insura	there was no a		nditures, indicat	e "none."			
3 4. L	America's Health Insura	there was no a		nditures, indicat	e "none."			ty issues;
4. L	America's Health Insura	there was no a	dicaid; banki	nditures, Indicat	e "none." idget issues; (	consumer fin	ance; proper	ty issues;
4. L	America's Health Insura	there was no a	dicaid; banki	nditures, Indicat	e "none." idget issues; (	consumer fin	ance; proper	ty issues;
4. L	America's Health Insura	there was no a	dicaid; banki	nditures, Indicat	e "none." idget issues; (	consumer fin	ance; proper	ty issues;
3 4. L Insur legal	obbying activity summary - If rance; healthcare; manag services; regulations; ret	there was no a	dicaid; banki	nditures, Indicat	e "none." idget issues; (	consumer fin	ance; proper	ty issues;
3 4. L Insur legal	America's Health Insura obbying activity summary - If rance; healthcare; manag services; regulations; ret xpenditures	there was no a ed care; Med irement/pen	dicaid; banki sions; taxatio	nditures, indicating/finance; but on; trade asso	e "none." idget issues; (	consumer fin	ance; proper	ty issues;
3 4. L Insur legal	America's Health Insural obbying activity summary - If rance; healthcare; manag services; regulations; retail expenditures	there was no a ed care; Med tirement/pen	dicaid; banki sions; taxatio	nditures, indicating/finance; but on; trade asso	e "none." udget issues; o ciation; worke	consumer fina ers compensa	ance; proper	
3 4. L Insur legal 5. E If no e	America's Health Insural obbying activity summary - If rance; healthcare; managed services; regulations; retaxpenditures expenditures, including campa spent money on any public off	there was no a ed care; Med irement/pens ign contributio icial, employee	dicaid; banki sions; taxations; taxations, mark here:	nditures, indicating/finance; but trade asso	e "none."  udget issues; of ciation; worked the state of	consumer fina ers compensa	ance; proper	
3. L. Insur legal	America's Health Insural obbying activity summary - If rance; healthcare; manag services; regulations; retaxpenditures expenditures, including campaispent money on any public offories per each employer you re	there was no a ed care; Med irement/pens ign contributio icial, employee present. Comp	dicaid; banki sions; taxatic ons, mark here: or member of olete and attack	nditures, indicating/finance; but trade asso	e "none."  udget issues; of ciation; worked the state of	consumer finances compensations compensations the compensations of the c	ance; proper ation	he following
3 4. L Insur legal 5. E f no e f you catego	America's Health Insural obbying activity summary - If rance; healthcare; manage services; regulations; refeatures expenditures including campaispent money on any public offories per each employer you rediture Categories	there was no a ed care; Med irement/pens ign contribution icial, employee present. Comp Employer 1	ms, mark here: or member of olete and attack	nditures, Indicating/finance; but on; trade assortion; tr	e "none."  Idget issues; of ciation; worked diate family, list his report.	consumer finances compensations compensation	ance; proper ation ent in each of t Employer 6	he following
3. L. Insur legal	America's Health Insural obbying activity summary - If rance; healthcare; manage services; regulations; retexpenditures expenditures, including campa spent money on any public offories per each employer you rediture Categories  Meals and Beverages	there was no a ed care; Mee tirement/pen: ign contributio icial, employee present. Comp Employer 1 \$0	dicaid; banki sions; taxatic ons, mark here: or member of olete and attack	nditures, Indicating/finance; but on; trade assortion; tr	e "none."  Idget issues; of ciation; worked diate family, list his report.	consumer financers compensations the amounts sport the amounts sport 5	ance; proper ation ent in each of t Employer 6 \$0	he following  Total Expende \$ 0
3 3 44. L L Insur	America's Health Insural obbying activity summary - If rance; healthcare; managed services; regulations; retexpenditures expenditures, including campa spent money on any public offories per each employer you rediture Categories  Meals and Beverages  Lodging	there was no a ed care; Mee tirement/pen:  ign contributio icial, employee present. Comp Employer 1 \$ 0 \$ 0	ns, mark here: or member of olete and attack Employer 2 \$5.01	his or her immen Schedule A to t Employer 3	e "none."  Idget issues; of ciation; worked diate family, list this report.  Employer 4  \$0  \$0	the amounts sp	ance; proper ation ent in each of t Employer 6 \$0 \$0	he following  Total Expende \$ 0 \$ 0
3 Legal Lega	America's Health Insural obbying activity summary - If rance; healthcare; manage services; regulations; retexpenditures expenditures, including campa spent money on any public offories per each employer you rediture Categories  Meals and Beverages	there was no a ed care; Mee tirement/pen: ign contributio icial, employee present. Comp Employer 1 \$0	ns, mark here: or member of olete and attack Employer 2	nditures, Indicating/finance; but on; trade assortion; tr	e "none."  Idget issues; of ciation; worked diate family, list his report.	consumer financers compensations the amounts sport the amounts sport 5	ance; proper ation ent in each of t Employer 6 \$0	he following  Total Expende \$ 0
3 3 44. L Insur legal le	America's Health Insural obbying activity summary - If rance; healthcare; managed services; regulations; retexpenditures expenditures, including campa spent money on any public offories per each employer you rediture Categories  Meals and Beverages  Lodging  Advertising	there was no a ed care; Medirement/pens fign contribution icial, employee present. Comp Employer 1 \$0 \$0 \$0 \$0 \$0 \$0	ns, mark here: or member of olete and attack Employer 2 \$5.01 \$0 \$0	his or her immen Schedule A to t Employer 3	e "none."  Idget issues; of ciation; worked diate family, list his report.  Employer 4  \$0  \$0  \$0  \$0  \$0	the amounts sp	ent in each of t  Employer 6  \$0  \$0  \$0  \$0	he following  Total Expende \$0 \$0 \$0 \$0 \$0 \$0
3 3 44. L L Insur legal	America's Health Insural obbying activity summary - If rance; healthcare; manage services; regulations; references expenditures expenditures, including campa, spent money on any public offories per each employer you rediture Categories  Meals and Beverages Lodging Advertising Travel Gifts	there was no a ed care; Medirement/pens fign contribution icial, employee present. Comp Employer 1 \$ 0 \$ 0 \$ 0	ms, mark here: or member of olete and attack Employer 2 \$5.01 \$0 \$0 \$0	his or her immens Schedule A to to Employer 3	e "none."  Idget issues; of ciation; worked diate family, list his report.  Employer 4  \$0  \$0  \$0	the amounts sp	ent in each of to so so so so so	he following  Total Expende \$ 0 \$ 0 \$ 0
3 3 4. L L Insur legal l	America's Health Insural obbying activity summary - If rance; healthcare; manage services; regulations; references; regulations; references appenditures and spent money on any public offorces per each employer you rediture Categories  Meals and Beverages Lodging Advertising Travel Gifts Other Expenses	there was no a ed care; Medirement/pens fign contribution icial, employee present. Comp Employer 1 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	ms, mark here: or member of olete and attack Employer 2 \$5.01 \$0 \$0 \$0 \$0 \$0 \$0	his or her immens Schedule A to to Employer 3 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	e "none."  Idget issues; of ciation; worked diate family, list his report.  Employer 4  \$0  \$0  \$0  \$0  \$0  \$0  \$0  \$0	the amounts sp Employer 5 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	ent in each of the second seco	he following  Total Expende \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
3 4. L Insur legal 5. E If no e f you catego	America's Health Insural obbying activity summary - If rance; healthcare; manage services; regulations; references expenditures expenditures, including campa, spent money on any public offories per each employer you rediture Categories  Meals and Beverages Lodging Advertising Travel Gifts	there was no a ed care; Medirement/pens fign contribution icial, employee present. Comp Employer 1 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	ens, mark here: or member of olete and attack Employer 2 \$5.01 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	his or her immens Schedule A to to Employer 3 \$0 \$0 \$0 \$0 \$0 \$0 \$0	e "none."  Idget issues; of ciation; worked diate family, list his report.  Employer 4  \$0  \$0  \$0  \$0  \$0  \$0  \$0  \$0  \$00  \$00  \$00  \$00  \$00  \$00  \$00  \$00  \$00  \$00  \$00  \$00  \$00  \$00  \$00	the amounts sp	ent in each of to so	he following  Total Expende \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0

#### Lobbyist certification - Please read and sign below.

To the best of my knowledge, the information contained hereon and on any attached materials is true, correct and complete. I understand that it is a violation of WV Code 668-3-9 to willfully and knowingly file a false or incomplete report. I further understand that if convicted of such an act 1

West Virginia Ethics Commission

## **Lobbyist Activity Report Form**

Lobbyist certification - Please read and sign below.

2017-01

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

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 Fine Fine

	-p							
1. N	lame and contact information	1						
Name	Jane Cline				Phone 304-720-4072			
	Address 300 Kanawha Boulevard, East				Email jcline@spilmanlaw.com			
Addie	Audioss							
	Ch 100/	25204						
City, S	tate Zip Charleston, WV	25301						
2. R	eporting period for which thi	s activity repor	t is being filed					
Check	<del></del>	Due Date						
Х	2017-01 1/1/17-4/30/17	5/15/17						
					(12 E-0128-07A)		L	
3. L	ist all employers/organizatior	is that you rep	resent as a lobb	yist	Us	e additional re	porting forms i	if necessary.
1	American Insurance As	sociation		4. Nat	ional Council	on Compens	ation Insura	nce
_	WV Insurance Guaranty		1		man Thomas			
								orc
3	Center for Rural Health	Developmen	11	6. A55	ociation of Re	egulated Con	Sumer Lend	
4. L	obbying activity summary - If	there was no a	ctivity or exper	nditures, indicat	e "none."			
Insur	ance; healthcare; manag	ed care; Me	dicaid; bankir	ng/finance; bu	idget issues;	consumer fin	ance; proper	rty issues;
-								
legal	services; regulations; re	iremenupen	Sions, taxatic	m, trade asso	Ciation, worke	ers compensa	111011	
		The second secon						
5. E	xpenditures							
	xpenditures, including campa	ian contributio	ne mark hara:		A STATE OF THE STA			
	spent money on any public of			his or her immer	diate family list	the amounts so	ent in each of	the following
	ories per each employer you re					the unounts sp	en meden or	are ronowing
	diture Categories	Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended
Α.	Meals and Beverages	\$5.01	\$0	\$0	\$0	\$0	\$0	\$5.01
В.	Lodging	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C.	Advertising	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D.	Travel	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E.	Gifts	\$0	\$0	\$0	\$0	\$0	\$0	\$0
F.	Other Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0
G.	Group Expenditures	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Н.	Campaign Contributions	LIST AMOUN	IT IN "TOTAL EX	PENDED" COLU	MN.			\$0
1.	TOTAL of all expenditures	\$ 5.01	\$0	\$0	\$0	\$0	\$0	\$ 5.01
	sponsored or contributed to a	ny group event	or shared expe	nses, list the tot	al expended in c	ategory 5G imn	nediately above	e. Complete and
attach	a Schedule B for each event.							

To the best of my knowledge, the information contained hereon and on any attached materials is true, correct and complete. I understand that it is

### **West Virginia Ethics Commission**

# **Lobbyist Activity Report Form**

2017-01

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: Days late \_\_\_\_\_

Rec'd\_ Postmark \_\_\_\_\_

Late reporting fine - \$10 per business day past the due date (\$2.50 maximum)									
1. N	ame and co	ntact information							
	Jane Clir					Phone 3	304-720-4072	2	
			d Fact				line@spilma		
Addres	s 300 Ka	nawha Boulevar	u, cast			Email 10	шефоршиа	TIIAW.OOTT	
City. St	ate Zip C	harleston, WV 2	25301						
2. Re	anorting ne	riod for which this	activity report	is being filed					
Check	Report	Period	Due Date						
X		1/1/17-4/30/17	5/15/17						
3. Li	et all ampla	yers/organizations	that you renr	esent as a lobb	vist	Use	additional rep	orting forms i	necessary.
				escile us a loss			-		
1.	Americai	n International G	Toup	June 199					
2.					5				
3.									
		ivity summary - If t							
Insur	ance; hea	althcare; manage	ed care; Med	dicaid; bankir	ng/finance; bu	dget issues; c	onsumer fina	ance; proper	ty issues;
logal	convicos:	regulations; reti	rement/nens	sions: taxatio	n: trade asso	ciation: worke	rs compensa	ation	
legal	services,	regulations, reti	remembers	sions, taxatio	11, 11440 4000	ordinori, reserve			
5. E)	penditures				THE COLUMN TWO IS NOT				
	C. C	s, including campai	an contributio	ne mark hore				2	
if no e.	xpenaitures	y on any public offi	sial amployee	or member of	his or her immer	diate family, list t	he amounts so	ent in each of t	he following
catego	ries ner eac	ch employer you re	oresent. Comp	olete and attach	Schedule A to t	his report.			J
	diture Cate		Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended
A.		l Beverages	\$0	\$0	\$0	\$0	\$0	\$0	\$0
В.	Lodging		\$0	\$0	\$0	\$0	\$0	\$0	\$0
C.	Advertisin	ıg	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D.	Travel	<u> </u>	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E.	Gifts		\$0	\$0	\$0	\$0	\$0	\$0	\$0
F.	Other Exp	enses	\$0	\$0	\$0	\$0	\$0	\$0	\$0
G.	Group Exp	penditures	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Н.	Campaign	Contributions	LIST AMOUN	IT IN "TOTAL EX	PENDED" COLU				\$0
1.	TOTAL of	all expenditures	\$0	\$0	\$0	\$0	\$0	\$0	\$0
		or contributed to ar	ny group event	or shared expe	nses, list the tot	al expended in c	ategory 5G imn	nediately above	e. Complete and
attach	a Schedule	B for each event.							

Lobbyist certification - Please read and sign below.

To the best of my knowledge, the information contained hereon and on any attached materials is true, correct and complete. I understand that it is a violation of WV Code §6B-3-9 to willfully and knowingly file a false or incomplete report. I further understand that if convicted of such an act, I

Schedule A: WV Lob (Attach this completed sheet	•							
Complete this form if you have during this reporting period.  Gifts, (5) Other Expenditures	If you have mad	le expenditures	in these categ	ories - (1) N	leals & Beve	n a public o rages, (2) L	official or odging,	employee (3) <i>Trovel,</i> (4)
If you shared any of these exp name. You are not required t contributions] and Group Ent Schedule B.	to report on Sch ertainment. Exp	edule A detaile penditures in th	d expenditures lose categories	on Advertis must be re	sing, Contrib ported on th	utions (incl	uding po	litical
1. Expenditure Details -								
Report all expenditures in any those reported in Section 1a reported on Schedule B. Tran	or 2 (below) or	any portion of	a "Group Enter	ainment" (	OR "Shared E	xpense" ev	ent whic	h are to be
lobbyist, identify who shared								
Recipient name(s) and date o		Meals & beverages	Lodging	Travel	Gifts	Other	Total expe	35
Insurance Commissioner Michael F	Riley; 01/06/2017	10.01						
			M Reported					
TOTAL Expenditu	ıres							
1a Gifts (Group)								
Ordinarily gifts to individual lo of the House or Senate, the e group it was given and the to Transfer the total cost to the	ntire Legislature tal cost. You ne	e or to standing ed not list each	or joint comm legislator who	ttees must	be listed her	e. Describ	e the ite	m, to which
Describe the gift(s)		employer prov		Which gro	oup received	the gift?	Total c	ost of gift(s)
Describe the girt(s)		, complete pro				Ö		
2. Participation in a Par Report expenditures on a par				hen such e	xpenditure v	vas for the i	ndividua	al's
participation in a panel or spe	eaking engagem	ent. Transfer t	he totals to sec	tion 5 on th	e Lobbyist A	ctivity Repo	ort.	
Recipient name and event	Meals & beverages	Lodging	Travel	Gifts	Schedu & other	led entertair	ment	Total \$ expended
					- Visitation -		A PROBLEMS	- United
3. Subjects of Lobbying								-
For each recipient identified in the subject matter of the Insurance Commissioner Michael Riley	e lobbying. Exa	ve, explain brie mple: "Del. Joe	fly the subjects Jones – Health	of lobbying Care" or "H	. List the inc	lividual or g	roup red	cipient and ronment."

Name: Jane Cline

Date: May 15, 21017

Name: Jane Cline	Date: May 15, 2017
Schedule B: Group Entertainment & Shared Expenses (Attach to the Lobbyist Activity Report)	
Instructions: Group Entertainment functions include only the functions that fall within the following groups. for a dinner party, reception or other similar function if you invited ALL members of any of these four specific names of attendees do not need to be listed for these four specific groups.	Report expenditures c groups. Individual
<ol> <li>the Legislature</li> <li>a standing or select committee of either house</li> <li>a joint committee of both houses</li> </ol>	
Use the worksheet below to figure the amount spent on legislators and other governmental officials and emperent." Enter this amount on the Lobbyist Activity Report.	oloyees for each
List each group event separately. Make additional copies of this page if necessary. Record total expenditure in Section B. You must then calculate and post on the Lobbyist Activity Report only the amount actually sper you share expenses with another reporting lobbyist, report only your portion of the expenses and list the nar sponsors in Section C below.	nt on public officials. If
Section A: Event Information	
Lobbying expenses for entertainment of "OTHER" group events are reported in the "Meals & Beverages" cate Activity Report Form. List the names of attendees on this form or attach additional information pages. If usin names in item 5 below, as well as other event information requested in items 1 through 4 and complete the 5	g this form, list the
1. Date of event: March 31, 2017 Location: State Capitol	
2. Type of event (reception, dinner, etc.): Senate Judiciary lunch	
3. Event sponsor: see below (If you shared the sponsorship and expense must also complete Section C below.)	es with others, you
4. Which of the following governmental groups were invited? All members of:  a. the Legislature  b. either house of the Legislature  CR  All members of:  d. a standing or select committee of either house of the Legislature  OR	se
5. OTHER: If the event was not in one of the four specific groups listed above, you must list the na employees or public officials in attendance here or on an attachment to this form. List attendees	
Section B: Calculate Reportable Expenses Some calculations must be p	performed manually.
1. $\frac{396.13}{\text{(total cost of event)}} \div \frac{25}{\text{(total attendance)}} = \frac{$15.8452}{\text{(per capita cost)}}$	
2. Number of governmental officials or employees in attendance:  25	
If this was a true Group Entertainment event and you were the sponsor, report the amount above as Group E Lobbyist Activity Report in Section 5G. If you shared expenses with others, complete section C below, and re of the cost. Note: If you classified the expenditure described in section A as "OTHER," it is reported on the Lo Form as a Meals & Beverages expense (5A), not as a "Group Expenditure" (5G).	port only your portion
Section C: Shared Sponsorship Expenses	
Were any other lobbyists co-sponsors of this event? yes (yes or no)	
2. If yes, with how many others are sharing the cost? 2 List the names of all sponsors below:	

3. What is your share of Box 1 above? \$ 132.04

Record that amount in Box 2 and on the Lobbyist Activity Report in Section 5G.

\$132.04 BOX 2

Name: <u>Jan</u>	e Cline Date: May 15, 2017
Schedule B: Group Entertainment & Shared (Attach to the Lobbyist Activity Report)	Expenses
Instructions: Group Entertainment functions include only the for a dinner party, reception or other similar function if you invades of attendees do not need to be listed for these four spe	functions that fall within the following groups. Report expenditures wited ALL members of any of these four specific groups. Individual ecific groups.
<ol> <li>the Legislature</li> <li>a standing or select committee of either house</li> </ol>	<ul><li>3. either house of the Legislature</li><li>4. a joint committee of both houses</li></ul>
Use the worksheet below to figure the amount spent on legisla "event." Enter this amount on the Lobbyist Activity Report.	ators and other governmental officials and employees for each
List each group event separately. Make additional copies of the in Section B. You must then calculate and post on the Lobbyisl you share expenses with another reporting lobbyist, report on sponsors in Section C below.	nis page if necessary. Record total expenditures for each group event it Activity Report only the amount actually spent on public officials. If ly your portion of the expenses and list the names of other co-
Section A: Event Information	
Activity Report Form, List the names of attendees on this form	is are reported in the "Meals & Beverages" category on the Lobbyist or attach additional information pages. If using this form, list the uested in items 1 through 4 and complete the Section B calculations.
1. Date of event: March 31, 2017 Location	n: State Capitol
2. Type of event (reception, dinner, etc.): House B&I Committee lunc	ch
Event sponsor: see below     must also complete Section C below.)	(If you shared the sponsorship and expenses with others, you
	All members of:  . a standing or select committee of either house  l. a joint committee of both houses
	OR
OTHER: If the event was not in one of the four sp employees or public officials in attendance here or	pecific groups listed above, you must list the names of all public r on an attachment to this form. List attendees here:
Section B: Calculate Reportable Expenses	Some calculations must be performed manually.
1. $\frac{516.50}{\text{(total cost of event)}} \div \frac{30}{\text{(total attendance)}} = \frac{$17.2167}{\text{(per call)}}$	pita cost)
2. Number of governmental officials or employees in attendary $\frac{30}{\text{(governmental attendees)}} \times \frac{17.2167}{\text{(per capita cost)}} = \frac{351}{\text{(governmental attendees)}}$	nce: 16.50 BOX 1
Lobbyist Activity Report in Section 5G. If you shared expenses	e sponsor, report the amount above as Group Entertainment on the with others, complete section C below, and report only your portion in section A as "OTHER," it is reported on the Lobbyist Activity Report

If this was a true Group Ente Lobbyist Activity Report in Se of the cost. Note: If you cla

Section C: Shared Sponsorship Expenses	
1. Were any other lobbyists co-sponsors of this event?	yes (yes or no)
2. If yes, with how many others are sharing the cost? 2  Jane Cline, Alexander Macia, Ben Beakes	List the names of all sponsors below:

3. What is your share of Box 1 above? \$ 172.17

Record that amount in Box 2 and on the Lobbyist Activity Report in Section 5G.

\$172.17 BOX 2

Name: Jane Cline	Date:	May 15, 2017
t & Shared Expenses		

### Schedule B: Group Entertainment & Shared Expenses

(Attach to the Lobbyist Activity Report)

Instructions: Group Entertainment functions include only the functions that fall within the following groups. Report expenditures for a dinner party, reception or other similar function if you invited ALL members of any of these four specific groups. Individual names of attendees do not need to be listed for these four specific groups.

- 1. the Legislature
- 2. a standing or select committee of either house
- 3. either house of the Legislature
- 4. a joint committee of both houses

Use the worksheet below to figure the amount spent on legislators and other governmental officials and employees for each "event." Enter this amount on the Lobbyist Activity Report.

List each group event separately. Make additional copies of this page if necessary. Record total expenditures for each group event in Section B. You must then calculate and post on the Lobbyist Activity Report only the amount actually spent on public officials. If you share expenses with another reporting lobbyist, report only your portion of the expenses and list the names of other cosponsors in Section C below.

you share expenses with another reporting lobbyist, report only your portion of the expenses and list the names of other cosponsors in <b>Section C</b> below.
Section A: Event Information
Lobbying expenses for entertainment of "OTHER" group events are reported in the "Meals & Beverages" category on the Lobbyist Activity Report Form. List the names of attendees on this form or attach additional information pages. If using this form, list the names in item 5 below, as well as other event information requested in items 1 through 4 and complete the Section B calculations.
1. Date of event: March 30, 2017 Location: State Capitol
2. Type of event (reception, dinner, etc.): House Judiciary lunch
3. Event sponsor: see below (If you shared the sponsorship and expenses with others, you must also complete Section C below.)
4. Which of the following governmental groups were invited? All members of:  a. the Legislature  b. either house of the Legislature  d. a joint committee of both houses
OR  OTHER: If the event was not in one of the four specific groups listed above, you must list the names of all public employees or public officials in attendance here or on an attachment to this form. List attendees here:
Section B: Calculate Reportable Expenses  Some calculations must be performed manually.
Section B: Calculate Reportable Expenses  1. 540.58
1. $540.58$ $\div$ 35 = \$\frac{15.4451}{}
1. $\frac{540.58}{\text{(total cost of event)}} \div \frac{35}{\text{(total attendance)}} = \frac{$15.4451}{\text{(per capita cost)}}$ 2. Number of governmental officials or employees in attendance: $\frac{35}{\text{S}} \times \frac{15.4451}{\text{S}} = \frac{$540.58 \text{ BOX 1}}{\text{S}}$
1. $\frac{540.58}{\text{(total cost of event)}} \div \frac{35}{\text{(total attendance)}} = \frac{$15.4451}{\text{(per capita cost)}}$ 2. Number of governmental officials or employees in attendance: $\frac{35}{\text{(governmental attendees)}} \times \frac{15.4451}{\text{(per capita cost)}} = \frac{$540.58 \text{ BOX 1}}{$540.58 \text{ BOX 1}}$ If this was a true Group Entertainment event and you were the sponsor, report the amount above as Group Entertainment on the Lobbyist Activity Report in Section 5G. If you shared expenses with others, complete section C below, and report only your portion of the cost. Note: If you classified the expenditure described in section A as "OTHER," it is reported on the Lobbyist Activity Report
1. $\frac{540.58}{\text{(total cost of event)}} \div \frac{35}{\text{(total attendance)}} = \frac{$15.4451}{\text{(per capita cost)}}$ 2. Number of governmental officials or employees in attendance: $\frac{35}{\text{(governmental attendees)}} \times \frac{15.4451}{\text{(per capita cost)}} = \frac{$540.58 \text{ BOX 1}}{$540.58 \text{ BOX 1}}$ If this was a true Group Entertainment event and you were the sponsor, report the amount above as Group Entertainment on the Lobbyist Activity Report in Section 5G. If you shared expenses with others, complete section C below, and report only your portion of the cost. Note: If you classified the expenditure described in section A as "OTHER," it is reported on the Lobbyist Activity Report Form as a Meals & Beverages expense (5A), not as a "Group Expenditure" (5G).
1. $\frac{540.58}{\text{(total cost of event)}} \div \frac{35}{\text{(total attendance)}} = \frac{$15.4451}{\text{(per capita cost)}}$ 2. Number of governmental officials or employees in attendance:  \[ \frac{35}{2}  \text{x} \frac{15.4451}{2}  \text{(per capita cost)} \]  If this was a true Group Entertainment event and you were the sponsor, report the amount above as Group Entertainment on the Lobbyist Activity Report in Section 5G. If you shared expenses with others, complete section C below, and report only your portion of the cost. Note: If you classified the expenditure described in section A as "OTHER," it is reported on the Lobbyist Activity Report Form as a Meals & Beverages expense (5A), not as a "Group Expenditure" (5G).  Section C: Shared Sponsorship Expenses
1. \( \frac{540.58}{\text{(total cost of event)}} \div \display \text{(total attendance)}  = \display \frac{15.4451}{\text{(per capita cost)}} \\  2. \text{Number of governmental officials or employees in attendance:}  \frac{35}{\text{(governmental attendees)}}     \text{(per capita cost)}  \qu

Name: Jane Cline	Date: May 15, 2017
Schedule B: Group Entertainment & Shared Experiment to the Lobbyist Activity Report)	enses
<b>Instructions:</b> Group Entertainment functions include only the function for a dinner party, reception or other similar function if you invited Al names of attendees do not need to be listed for these four specific groups.	L members of any of these four specific groups. Individual
<ol> <li>the Legislature</li> <li>a standing or select committee of either house</li> </ol>	<ul><li>3. either house of the Legislature</li><li>4. a joint committee of both houses</li></ul>
Use the worksheet below to figure the amount spent on legislators ar "event." Enter this amount on the Lobbyist Activity Report.	d other governmental officials and employees for each
List each group event separately. Make additional copies of this page in Section B. You must then calculate and post on the Lobbyist Activityou share expenses with another reporting lobbyist, report only your sponsors in Section C below.	ty Report only the amount actually spent on public officials. If
Section A: Event Information	
Lobbying expenses for entertainment of "OTHER" group events are re Activity Report Form. List the names of attendees on this form or atta names in item 5 below, as well as other event information requested	ch additional information pages. If using this form, list the
1. Date of event: March 7, 2017 Location: 1600 s	Edgewood Drive, Charleston, WV 25302
2. Type of event (reception, dinner, etc.): Dinner	
Event sponsor: Shared Expense (If must also complete Section C below.)	you shared the sponsorship and expenses with others, you
a. the Legislature	members of: ading or select committee of either house t committee of both houses
OR	
5 OTHER: If the event was not in one of the four specific g	roups listed above, you must list the names of all public

5.	OTHER: If employees	the or	e event was not in one public officials in atter	of th	ne four specific groups lis ce here or on an attachm	ted above, you must list the names of all public nent to this form. List attendees here:
Se	ction B: Calculate F	≀ep	ortable Expenses			Some calculations must be performed manually.
1.	\$4796.25 (total cost of event)		(total attendance)	=	\$ 141.066 (per capita cost)	
2.	Number of governm	en	tal officials or employe	ees ir	attendance:	

4796 25 (governmental attendees) x (per capita cost) If this was a true Group Entertainment event and you were the sponsor, report the amount above as Group Entertainment on the

Lobbyist Activity Report in Section 5G. If you shared expenses with others, complete section C below, and report only your portion of the cost. Note: If you classified the expenditure described in section A as "OTHER," it is reported on the Lobbyist Activity Report Form as a Meals & Beverages expense (5A), not as a "Group Expenditure" (5G).

Section C: Shared Sponsorship Expenses	
Were any other lobbyists co-sponsors of this event? yes (y	es or no)
2. If yes, with how many others are sharing the cost? 17 List the right Paul Hardesty, Bill Raney, Ruth Lemon, Larry Swann, Gil White, Phil Reale, Kurt Dettinger, Bowles	names of all sponsors below: Rice, Ben Beakes, Sam Minardi, Eric Nelson, Kanawha Manufacturing,
Chris Weikle, Karen Price, Edward George, WV Insurance Federation, Cindy Wiseman, Jason Web	

3. What is your share of Box 1 above? \$ 250.00

Record that amount in Box 2 and on the Lobbyist Activity Report in Section 5G.

x 141.066

250.09×2

Name: Jane Cline

Instructions: Group Entertainment functions include only the functions that fall within the following groups. Report expenditures

Schedule B: Group Entertainment & Shared Expenses

(Attach to the Lobbyist Activity Report)

Date: May 15, 2017