West Virginia Ethics Commission

Lobbyist Activity Report Form 2017-03

Received

JAN 12 2013

NV Ethics Commission

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 ____

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

Lucci	cporting jii	ic - 910 per busin	ess day past	the aue date	(\$250 maximi	airij			
1. N	ame and con	tact information							
Name	Jane Clir	ne				Phone	304-720-407	2	
	Address 300 Kanawha Boulevard, East				A CONTRACTOR OF THE PROPERTY O	Email jcline@spilmanlaw.com			
Addre	55					Email 1	<u> </u>		
City, S	tate Zip Ch	narleston, WV	25301						
2. R	eporting per	iod for which this a	ctivity report	is being filed					
Check	Report	Period	Due Date						
х	2017-3	9/1/17-12/31/17	1/15/2018						
3. Li	st all employ	ers/organizations	that you repr	esent as a lobb	yist	Use	e additional rep	orting forms if	necessary.
		n Insurance As				County Risk F	and the second s		
				lliones				and Dranau	n. I o
		eed Asset Pr		alliance		alition for So			y Law
3.	Americar	n Council of Lif	e Insurers		6Ame	erican Interna	tional Group		
4. Lo	ahhving activ	vity summary - If th	ore was no a	rtivity or ovner	ditures indicate	"none"			
							. :	Madianid	
insu	rance; nea	alth insurance;	workers c	omp. insura	ance; proper	ty & casualty	y insurance;	iviedicaid;	premium tax;
bud	get; ann	uity tax; taxe	es; unclai	med prope	erty				
						THE RESERVE THE PROPERTY OF TH			THE PERSON AND ADDRESS OF THE PERSON OF THE
5. Ex	kpenditures								
If no e.	xpenditures,	including campaig	n contributio	ns, mark here:					
If you :	spent money	on any public offic	ial, employee	or member of	his or her immed	diate family, list t	the amounts sp	ent in each of t	he following
catego	ries per each	employer you rep	resent. Comp	lete and attach	Schedule A to t	nis report.			
Expen	diture Catego	ories	Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended
A.	Meals and	Beverages	\$ 29.60	\$ 5.07	\$ 5.07	\$ 5.07	\$ 5.07	\$0	\$ 49.88
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 Expe	nses	\$0	\$0	\$0	\$0	\$0	\$0	\$0
G.	Group Expe	enditures	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Н.	Campaign (Contributions	LIST AMOUN	T IN "TOTAL EX	PENDED" COLU	MN.	ATTACK PROPERTY STORES		\$ 1,400.00
I.	TOTAL of a	ll expenditures	\$ 29.60	\$ 5.07	\$ 5.07	\$ 5.07	\$ 5.07	\$0	\$ 1,449.88
If you	sponsored or	contributed to any	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.							

6. 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 86B-3-9 to willfully and knowledge for a false or incomplete report. I further understand that if convicted of such an act. I

West Virginia Ethics Commission

Lobbyist Activity Report Form

2017-03

West Virginia Ethics	Commission	
Ü		
Attn: Lobbyist Regist	trar	
210 Brooks St., Ste. 3	00	
Charleston, WV 2530	01	
304-558-0664	No faxed copies	
For office use only:		
Postmark	Rec'd	
Days late	Fine	

 Name and contact information 	n							
Jame Jane Cline				Phone 3	04-720-407	2		
_{ress} 300 Kanawha Boulevard, East				_{Email} jcline@spilmanlaw.com				
ddress 300 Nariawila Bou	icvara, Last			Email 15	<u> </u>			
ity, State Zip Charleston, W	V 25301							
				A A A A A A A A A A A A A A A A A A A				
. Reporting period for which th	nis activity report	is being filed						
heck Report Period	Due Date							
x 2017-3 9/1/17-12/31/	17 1/15/2018							
					_			
					_11			
. List all employers/organization	ons that you repr	esent as a lobb	yist	Use	additional rep	orting forms if	necessary.	
1. Association of Regul	ated Consum	ner Lenders	_a Natio	onal Council o	n Compensat	tion Insuranc	е	
2. Caresource Manag				man Thoma				
	Jernerit Gerv	1003					· · · · · · · · · · · · · · · · · · ·	
_{з.} Molina Healthcare			6. Ame	erican College	e of Cardiolog	33		
Lobbying activity summary -	If there was no a	ctivity or exper	ditures, indicate	e "none."				
I. Lobbying activity summary -					/ insurance:	Medicaid:	premium tax:	
nsurance; health insuran	ce; workers o	comp. insura	ance; proper		/ insurance;	Medicaid;	premium tax;	
insurance; health insuran	ce; workers o	comp. insura	ance; proper		/ insurance;	Medicaid;	premium tax;	
nsurance; health insuran	ce; workers o	comp. insura	ance; proper		ı insurance;	Medicaid;	premium tax;	
insurance; health insuran budget; annuity tax; ta	ce; workers o	comp. insura	ance; proper		/ insurance;	Medicaid;	premium tax;	
insurance; health insuran budget; annuity tax; ta 5. Expenditures	ce; workers c axes; unclai	comp. insura	ance; proper		/ insurance;	Medicaid;	premium tax;	
insurance; health insuran budget; annuity tax; ta i. Expenditures f no expenditures, including cam	ce; workers caxes; unclai	comp. insura	ance; proper erty	ty & casualty				
insurance; health insuran budget; annuity tax; ta Expenditures f no expenditures, including camp f you spent money on any public	ce; workers caxes; unclai	imed property of the property	erty his or her immed	ty & casualty				
insurance; health insuran budget; annuity tax; ta i. Expenditures f no expenditures, including camp f you spent money on any public a ategories per each employer you	ce; workers caxes; unclain aign contribution official, employee represent. Comp	imed property of the property	erty his or her immed	ty & casualty			he following	
nsurance; health insuran budget; annuity tax; ta . Expenditures f no expenditures, including camp f you spent money on any public of ategories per each employer you expenditure Categories	ce; workers caxes; unclain paign contribution official, employee represent. Complement of the compleme	imed property in the property	erty his or her immed a Schedule A to the Employer 3	ty & casualty Jiate family, list this report.	the amounts sp	ent in each of t	he following	
nsurance; health insuran budget; annuity tax; ta . Expenditures f no expenditures, including cample you spent money on any public attegories per each employer you expenditure Categories A. Meals and Beverages	ce; workers caxes; unclain aign contribution official, employee represent. Comp	imed property of the property	erty his or her immed	diate family, list this report.	the amounts sp	ent in each of t Employer 6	he following Total Expended	
budget; annuity tax; ta budget; annuity tax; ta budget; annuity tax; ta budget; annuity tax; ta c. Expenditures f no expenditures, including camp f you spent money on any public of ategories per each employer you expenditure Categories A. Meals and Beverages B. Lodging	ce; workers caxes; unclai	omp. insuration imed property ins., mark here: e or member of olete and attack Employer 2 \$0	erty his or her immed Schedule A to to Employer 3	diate family, list this report. Employer 4 \$ 0	the amounts sp Employer 5 \$0	ent in each of t Employer 6 \$0	he following Total Expended \$0	
nsurance; health insuran budget; annuity tax; ta . Expenditures f no expenditures, including camp you spent money on any public ategories per each employer you expenditure Categories A. Meals and Beverages B. Lodging C. Advertising	ce; workers caxes; unclai	imed propositions, mark here: e or member of polete and attach Employer 2 \$0 \$0	erty his or her immed Schedule A to to Employer 3 \$0 \$0	diate family, list this report. Employer 4 \$ 0 \$ 0	Employer 5 \$ 0 \$ 0	ent in each of t Employer 6 \$ 0 \$ 0	he following Total Expended \$0 \$0	
nsurance; health insuran budget; annuity tax; ta . Expenditures f no expenditures, including camp you spent money on any public ategories per each employer you expenditure Categories A. Meals and Beverages B. Lodging C. Advertising D. Travel	ce; workers caxes; unclai	imed proposes, mark here: e or member of plete and attach Employer 2 \$0 \$0 \$0	his or her immed Schedule A to to Employer 3 \$0 \$0	diate family, list this report. Employer 4 \$ 0 \$ 0	Employer 5 \$ 0 \$ 0 \$ 0	ent in each of t Employer 6 \$ 0 \$ 0 \$ 0	Total Expended \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	
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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

West Virginia Ethics Commission

Lobbyist Activity Report Form

6. Lobbyist certification - Please read and sign below.

2017-03

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West Virginia Ethics	Commission
Attn: Lobbyist Regis	trar
210 Brooks St., Ste. 3	300
Charleston, WV 253	01
304-558-0664	No faxed copies
For office use only:	
Postmark	Rec'd
Days late	Fine

					_	0 4 700 407	^	
Name	Jane Cline				Phone _	Phone 304-720-4072		
	ss 300 Kanawha Boule	vard, East			Email jcline@spilmanlaw.com			n
7 Car C					statistics			
	Charloston MA	/ 25301						
City, S	_{State Zip} <u>Charleston, Wv</u>	20001						
	Reporting period for which this	Due Date	t is being filed		434414			
Check x	Report Period 2017-3 9/1/17-12/31/17		+					
	2017-3 3/1/17-12/31/17	1/25/2020	+					
<u> </u>	ist all employers/organization	a that was ran	ocout as a lobb	wiet	He	additional rep	ortina forms if	necessary
				B. 4	lical Association		orting jornis ij	
	. Center for Rural Healt							
	. WV Insurance Guar			5			THE PARTY OF THE P	
	Λ	ranga Dlane	•					
3	. America's Health Insu	nance Plans	5	6.				
3	. America's Health Insu	rance Flans	2	6				
4. L	obbying activity summary - If	there was no a	ctivity or expe	nditures, indicat	e "none."		Medicaid:	premium tax:
4. L	obbying activity summary - If Irance; health insurance	there was no a e; workers (ctivity or exper	nditures, indicati ance; proper	e "none."		Medicaid;	premium tax;
4. L	obbying activity summary - If	there was no a e; workers (ctivity or exper	nditures, indicati ance; proper	e "none."		Medicaid;	premium tax;
4. L	obbying activity summary - If Irance; health insurance	there was no a e; workers (ctivity or exper	nditures, indicati ance; proper	e "none."		Medicaid;	premium tax;
insu	obbying activity summary - If Irance; health insurance Iget; annuity tax; tax	there was no a e; workers (ctivity or exper	nditures, indicati ance; proper	e "none."		Medicaid;	premium tax;
4. L insu buc	obbying activity summary - If Irance; health insurance Iget; annuity tax; tax	there was no a e; workers c ces; uncla	ectivity or exper comp. insura imed prop	nditures, indicat ance; proper erty	e "none."		Medicaid;	premium tax;
4. L insu buc	obbying activity summary - If irance; health insurance dget; annuity tax; tax expenditures	there was no a e; workers c ces; uncla	ctivity or expension or expensi	nditures, indicat ance; proper erty	e "none." ty & casualty	/ insurance		
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	Name:	Janech Cla		Date: 1/12/2018
Schedule A: WV Lobbyist Expendit (Attach this completed sheet to the Lobbyist Activ	ure De	etails		
Complete this form if you have made or shared an during this reporting period. If you have made extended of the state of t	penditur	es in these categories - (1) \hbar	1eals & Beverages, (2) L	official or employee odging, (3) Travel, (4)
If you shared any of these expenditures with anot	her lobb	yist, note who shared the ex	penditures in the area	below the recipient's

Gifts, (5) Other Expenditures - list below, you must If you shared any of these expenditures with another name. You are not required to report on Schedule A detailed expenditures on Advertising, Contributions [including political contributions] and Group Entertainment. Expenditures in those categories must be reported on the Lobbyist Activity Report and/or

1. Expenditure Details - (include shared expenditures not reported on Schedule B)

Report all expenditures in any of the categories listed below on a particular person or member of their immediate family EXCEPT those reported in Section 1a or 2 (below) or any portion of a "Group Entertainment" OR "Shared Expense" event which are to be reported on Schedule B. Transfer the totals to section 5 on the Lobbyist Activity Report. If you shared expenditures with another obbyist identify who shared the cost in the area below each recipient's name.

lobbyist, identity who shared the cost in the	Meals &	Lodging	Travel	Gifts	Other	Total \$
Recipient name(s) and date of expenditure		Loughig	Traver	0		expended
	beverages					20.28
Michael Hall, Governor's Chief of Staff; 10/5/17	20.28					ZU.Z8
Insurance Commissioner Allan McVey	29.60					29.60
matrial co commissional results						
40.						
						49.88
TOTAL Expenditures	49.88					

1a Gifts (Group)

Schedule B.

Ta dires (Growb)			
Ordinarily gifts to individual legislator of the House or Senate, the entire Leg group it was given and the total cost. Transfer the total cost to the Lobbyist	gislature or to standing or joint commi You need not list each legislator who	ittees must be listed here. Describ	e the item, to which
Describe the gift(s)	Which employer provided the gift?	Which group received the gift?	Total cost of gift(s)
Describe the girt(s)	Willest Chiptoy of Processing		

2. Participation in a Panel or Speaking Engagement

Report expenditures on a pa participation in a panel or s	articular person in peaking engageme	the categories nt. Transfer th	listed below whe totals to sect	nen such exp ion 5 on the	enditure was for the individu Lobbyist Activity Report.	ıal's
Recipient name and event	Meals & beverages	Lodging	Travel	Gifts	Scheduled entertainment & other	Total \$ expended

3. Subjects of Lobbying

or each recipient identified in 1, 1a & 2 above, explain briefly the subjects of lobbying. List the individual or group recipient and
of each recipient identified in 1, 10 & 2 doors, expense that yet a second committee Environment"
hen the subject matter of the lobbying. Example: "Del. Joe Jones – Health Care" or "House Finance Committee - Environment."
Sovernor's Chief of Staff Michael Hall - annuity tax, workers comp surcharges, life insurance, debt cancellation products
Sovernor's Chief of Staff Michael Hall - annuity (ax, workers comp surcharges, me institution, cost candidates
nsurance Commissioner Allan McVey - property and casualty insurance
7 1 7