

# Lobbyist Activity Report Form

2017-03

Received

JAN 12 2013

WV 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 \_\_\_\_\_  
 Days late \_\_\_\_\_ Fine \_\_\_\_\_

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

**1. Name and contact information**

Name Jane Cline Phone 304-720-4072  
 Address 300 Kanawha Boulevard, East Email jcline@spilmanlaw.com  
 City, State Zip Charleston, WV 25301

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

Check	Report	Period	Due Date				
x	2017-3	9/1/17-12/31/17	1/15/2018				

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

1. <u>American Insurance Association</u>	4. <u>WV County Risk Pool</u>
2. <u>Guaranteed Asset Protection Alliance</u>	5. <u>Coalition for Sound Unclaimed Property Law</u>
3. <u>American Council of Life Insurers</u>	6. <u>American International Group</u>

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

insurance; health insurance; workers comp. insurance; property & casualty insurance; Medicaid; premium tax; budget; annuity tax; taxes; unclaimed property

**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	\$ 29.60	\$ 5.07	\$ 5.07	\$ 5.07	\$ 5.07	\$ 0	\$ 49.88
B. 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
H. Campaign Contributions	LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.						\$ 1,400.00
I. TOTAL of all 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 expenses, list the total expended in category 5G immediately above. 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 §6B-3-9 to willfully and knowingly file a false or incomplete report. I further understand that if convicted of such an act I

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## 1. Name and contact information

Name Jane Cline  
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Phone 304-720-4072  
 Email jcline@spilmanlaw.com

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

Check	Report	Period	Due Date				
x	2017-3	9/1/17-12/31/17	1/15/2018				

## 3. List all employers/organizations that you represent as a lobbyist

*Use additional reporting forms if necessary.*

- |   |  |
|---|--|
| 1. <u>Association of Regulated Consumer Lenders</u> | 4. <u>National Council on Compensation Insurance</u> |
| 2. <u>Caresource Management Services</u>            | 5. <u>Spilman Thomas &amp; Battle, PLLC</u>          |
| 3. <u>Molina Healthcare</u>                         | 6. <u>American College of Cardiology</u>             |


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

insurance; health insurance; workers comp. insurance; property & casualty insurance; Medicaid; premium tax; budget; annuity tax; taxes; unclaimed property

## 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	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B. 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
H. Campaign Contributions	LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. 						\$0
I. TOTAL of all expenditures	\$0	\$0	\$0	\$0	\$0	\$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.

## 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

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

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

1. <u>Center for Rural Health Development</u>	4. <u>Medical Association</u>
2. <u>WV Insurance Guaranty Association</u>	5. _____
3. <u>America's Health Insurance Plans</u>	6. _____


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

insurance; health insurance; workers comp. insurance; property & casualty insurance; Medicaid; premium tax; budget; annuity tax; taxes; unclaimed property

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	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B. 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
H. Campaign Contributions	LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. 						\$0
I. TOTAL of all expenditures	\$0	\$0	\$0	\$0	\$0	\$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.

6. Lobbyist certification - Please read and sign below.

Name: James C. Lee Date: 1/12/2018

**Schedule A: WV Lobbyist Expenditure Details**

(Attach this completed sheet to the Lobbyist Activity Report)

Complete this form if you have made or shared any expenditure other than group entertainment on a public official or employee during this reporting period. If you have made expenditures in these categories - (1) *Meals & Beverages*, (2) *Lodging*, (3) *Travel*, (4) *Gifts*, (5) *Other Expenditures* - list below, you must report it in sections 1 or 2 on this form.

If you shared any of these expenditures with another lobbyist, note who shared the expenditures in the area below the recipient's 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 Schedule B.

**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 lobbyist, identify who shared the cost in the area below each recipient's name.

Recipient name(s) and date of expenditure	Meals & beverages	Lodging	Travel	Gifts	Other	Total \$ expended
Michael Hall, Governor's Chief of Staff, 10/5/17	20.28					20.28
Insurance Commissioner Allan McVey	29.60					29.60
<b>TOTAL Expenditures</b>	49.88					49.88

**1a Gifts (Group)**

Ordinarily gifts to individual legislators must not exceed \$25. Gifts such as key chains, mugs, and calendars given to ALL members of the House or Senate, the entire Legislature or to standing or joint committees must be listed here. Describe the item, to which group it was given and the total cost. You need not list each legislator who received the gift, only the name of the group. Transfer the total cost to the Lobbyist Activity Report, section 5E.

Describe the gift(s)	Which employer provided the gift?	Which group received the gift?	Total cost of gift(s)

**2. Participation in a Panel or Speaking Engagement**

Report expenditures on a particular person in the categories listed below when such expenditure was for the individual's participation in a panel or speaking engagement. Transfer the totals to section 5 on the Lobbyist Activity Report.

Recipient name and event	Meals & beverages	Lodging	Travel	Gifts	Scheduled entertainment & other	Total \$ expended

**3. Subjects of Lobbying**

For each recipient identified in 1, 1a & 2 above, explain briefly the subjects of lobbying. List the individual or group recipient and then the subject matter of the lobbying. Example: "Del. Joe Jones - Health Care" or "House Finance Committee - Environment."

Governor's Chief of Staff Michael Hall - annuity tax, workers comp surcharges, life insurance, debt cancellation products

Insurance Commissioner Allan McVey - property and casualty insurance