## Received

West Virginia Ethics Commission

## Lobbyist Activity Report Form

MAY 0 2 2018

West Virginia Ethics Commission Attn: Lobbyist Registrar 210 Brooks St., Ste. 300 Charleston, WV 25301

304-558-0664 For office use only: No faxed copies

| Lose reporting fine \$10 per trisiness day most the due dore (\$250 maximum)  Postmark Reed Days late Fine                                    |                     |                       |                             |  |   |                      |                               |                  |  |  |
|---|---------------------|-----------------------|-----------------------------|--|---|----------------------|-------------------------------|------------------|--|--|
| 1. N  | lame and co         | ontact information    | A makentangganggan spripper | A STATE OF THE STA | The second se | *                    |                               |                  |  |  |
| Name Benjamin F. Twilley  |                     |                       |                             |  |   | Phone                | Phone (803) 760-8168          |                  |  |  |
| Address 2412 Lincoln Street   |                     |                       |                             |  |   | Email_               | BFTwilley@express-scripts.com |                  |  |  |
| City, S   | tate Zip _(         | Columbia, SC          | 29201                       |  |   |                      |                               |                  |  |  |
| 2. Reporting period for which this activity report is being filed   |                     |                       |                             |  |   |                      |                               |                  |  |  |
| Check   |                     | Period                | Due Date                    |  |   |                      |                               |                  |  |  |
| ×   | 2018-1              | 1/1/18-4/30/18        | 5/15/2018                   |  |   |                      |                               |                  |  |  |
|   |                     |                       |                             |  |   |                      |                               |                  |  |  |
|   | 1                   |                       |                             |  |   |                      |                               |                  |  |  |
| 3. List all employers/organizations that you represent as a lobbyist  Use additional reporting forms if necessary.                            |                     |                       |                             |  |   |                      |                               |                  |  |  |
| - Everges Scripts Holding Co  |                     |                       |                             |  |   |                      |                               |                  |  |  |
|   |                     |                       |                             |  |   |                      |                               |                  |  |  |
| 2.  | 2                   |                       |                             |  |   |                      |                               |                  |  |  |
| 36  |                     |                       |                             |  |   |                      |                               |                  |  |  |
|   |                     |                       |                             |  |   |                      |                               |                  |  |  |
| 4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."   |                     |                       |                             |  |   |                      |                               |                  |  |  |
| None  |                     |                       |                             |  |   |                      |                               |                  |  |  |
| TAUTO   |                     |                       |                             |  |   |                      |                               |                  |  |  |
|   |                     |                       |                             |  |   |                      |                               |                  |  |  |
|   |                     |                       |                             |  |   |                      |                               |                  |  |  |
|   |                     |                       |                             |  |   |                      |                               |                  |  |  |
| 5. Expenditures   |                     |                       |                             |  |   |                      |                               |                  |  |  |
| If no expenditures, including campaign contributions, mark here:X   |                     |                       |                             |  |   |                      |                               |                  |  |  |
| If you s  | pent mone           | y on any public offi  | cial, employee              | or member of   | his or her immed  | diate family, list t | the amounts sp                | ent in each of t | the following                          |  |
| catego  | ries per eac        | h employer you rep    | resent. Com                 | plete and attach   | Schedule A to t   | his report.          |                               |                  |  |  |
| Expend  | diture Categ        | ories                 | Employer 1                  | Employer 2   | Employer 3  | Employer 4           | Employer 5                    | Employer 6       | Total Expended                         |  |
| A.  | Meals and Beverages |                       | \$                          | \$   | \$  | \$                   | \$                            | \$               | \$                                     |  |
| В.  | Lodging             |                       | \$                          | \$   | \$  | \$                   | \$                            | \$               | \$                                     |  |
| C.  | Advertising         |                       | \$                          | \$   | \$  | \$                   | \$                            | \$               | \$                                     |  |
| D.  | Travel              |                       | \$                          | \$   | \$  | \$                   | \$                            | \$               | \$                                     |  |
| E.  | Gifts               |                       | \$                          | \$   | \$  | \$                   | \$                            | \$               | \$                                     |  |
| F.  | Other Expenses      |                       | \$                          | \$   | \$  | \$                   | \$                            | \$               | \$                                     |  |
| G.  | Group Exp           |                       | \$                          | \$   | \$  | \$                   | \$                            | \$               | \$                                     |  |
| H.  |                     |                       |                             |  | PENDED" COLUI   | T                    |                               |                  | \$                                     |  |
| I. TOTAL of all expenditures \$   |                     |                       |                             | \$   | \$  | \$                   | \$                            | \$               | \$ 0.00                                |  |
| 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 I        | B for each event.     |                             |  |   | A-4 = 1-12 =         |                               |                  |  |  |
| 6. Lobbyist certification – Please read and sign below.   |                     |                       |                             |  |   |                      |                               |                  |  |  |
| A. SARATINE RELEGIOREMENTE L'INTERITATION NITRE NE PROPERTY.  |                     |                       |                             |  |   |                      |                               |                  |  |  |
| To the  | best of my k        | knowledge, the info   | rmation conta               | ined hereon an   | d on any attach   | ed materials is tr   | ue, correct and               | complete. I un   | derstand that it is                    |  |
|   |                     | lode §6B-3-9 to will  |                             |  |   |                      |                               |                  | 4                                      |  |
| may be  | fined, sent         | enced to jail or both | ր, <u>1</u>                 | /h   |   |                      |                               | <i>i 1</i>       | ************************************** |  |
| Lobbyi  | st Signature        | B-0                   | Curl                        | Var  |   |                      | Date:                         | 5/1/1            | 8                                      |  |
|   |                     |                       |                             | //   |   |                      |                               |                  |  |  |