West Virginia Ethics Commission

Lobbyist Activity Report Form

2019-03

W 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

La	te reporting fine - \$10 per business day past the due date (\$250 maximum)
1	Name and contact information

Name Jane Cline	Phone 304-340-4072
Business Address 300 Kanawha Boulevard, East	Business Email jcline@spilmanlaw.com
Clty, State Zip Charleston, WV 25301	

Check	Report	Period	Due Date
X	2019-3	9/1/19 - 12/31/19	1/15/2020
_			

- List all employers/organizations that you represent as a lobbyist
 - American College of Cardiology
 - American Council of Life Insurers
 American International Group

- Use additional reporting forms if necessary.
- American Property Casualty Insurance Association
- , AT&T Services, Inc.
- WV Consumer Finance Association
- Lobbying activity summary If there was no activity or expenditures, indicate "none." banking/finance; budget issuses; business issues; consumer protection; financial institutions; funding of public records; government relations; health care; insurance; legal services; managed care; Medicaid; managed care; professional association; regulations; retirement/pensions; special structured settlements; taxation; workers compensation

5. I	Expenditures							
If no	expenditures, including campa	Ign contributio	ns, mark here:					
	spent money on any public off ories per each employer you re					the amounts sp	ent in each of	the following
Exper	nditure 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 AMOUN	T IN "TOTAL EX	PENDED" COLU	MN.		-	\$500.00
1.	TOTAL of all expenditures	\$0	\$0	\$0	\$0	\$0	\$0	\$500.00

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 B for each event.

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Name	Jane Cline				Phone	304-340-4	072	
	ess Address 300 Kana	wha Bou	llevard	Fast	usiness Email jo			rom
Busin	ess Address Ooo I Carre	Wild Do	alcvara,	Edot B	usiness Email J	illie@spii	illalliaw.	20111
		44.40500	_					
City,	Charleston, V	WV 2530°						
2. 1	eporting period for which thi	s activity repor	t is being filed					
Check		Due Date	Chicago Contractor Con					
x	2019-3 9/1/19 - 12/31/1	9 1/15/202	0					
			148.222					
					2000			
3. 1	ist all employers/organization	s that you rep	resent as a lobb	pyist	Us	e additional rej	orting forms i	f necessary.
	DXC MS, LLC				ional Structur	red Settleme	nts Trade A	ssociation
	WV Medical As	enciatio	\n		V Rheum			
3	National Council on	Compensa	tion Insurar	1ce 6. SE	cure Ele	ctions Pr	oject	
_								
4. L	obbying activity summary - If	there was no a	ctivity or expe	nditures, indicat	e "none."			
	king/finance; budget issu					al inetitutione	funding of	aublia racarda:
ban					cuon: financia			Dublic records:
	ernment relations; health							
gov		n care; insur	ance; legal s	services; mai	naged care; I	Medicaid; ma	anaged care	; professional
gov	ernment relations; health	n care; insur	ance; legal s	services; mai	naged care; I	Medicaid; ma	anaged care	; professional
gov ass	ernment relations; health ociation; regulations; re xpenditures	n care; insur etirement/pe	ance; legal s	services; mai ecial structur	naged care; I	Medicaid; ma	anaged care	; professional
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		1						
	Name and contact information							
Nam	Jane Cline				Phone	304-340-4	072	
Bucie	ness Address 300 Kana	wha Bou	levard,	East 。	usiness Email jo	line@spil	manlaw.o	com
Dusii	iess Address			Bi	isiness Eman 7	0 1		
	Charleston 1	AA / 25201						
City,	State Zip Charleston, \	/VV 2530 I						
2.	Reporting period for which this	activity report	is being filed					
Chec	k Report Period	Due Date						
х	2019-3 9/1/19 - 12/31/1	9 1/15/2020	0					
					9			
3.	List all employers/organization	s that you repr	esent as a lobb	oyist	Us	e additional rej	porting forms i	f necessary.
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	Most Miraiso	'Alloty L	JIEK DAG	1				
	West Virginia C	Journey 1	NISK I UC	6.		2000 PG-0		
	_{3.} vvest virginia C	Journey P	NISK F OC	6				
					e "none "			
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4.		there was no a	ctivity or expe	nditures, Indicat		al institutions	; funding of	public records
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