

West Virginia Ethics Commission

attach a Schedule B for each event.

## **Lobbyist Activity Report Form**

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

2019-03

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

Days late\_

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

|  |   | entact information                      |  |               |       |   |    |    |    |  |
|--|---|---|--|---------------|-------|---|----|----|----|--|
| Name James L. Fawcett  |   |   |  |               |       | Phone 304-424-7716                                    |    |    |    |  |
|  |   |   |  |               | D.    | Business Email james fawcett@highmark.com             |    |    |    |  |
| Propincess World 632   |   |   |  |               |       | Business Email 19 19 19 19 19 19 19 19 19 19 19 19 19 |    |    |    |  |
|  |   |   |  |               |       |   |    |    |    |  |
| City, State Zip Parkersburg, WV 26101  |   |   |  |               |       |   |    |    |    |  |
|  |   |   |  |               |       |   |    |    |    |  |
| 2. Reporting period for which this activity report is being filed  |   |   |  |               |       |   |    |    |    |  |
| Check  | 7   | *************************************** | Due Date                                   | is being nied |       |   |    |    |    |  |
| ×  | 2019-3  | 9/1/19 - 12/31/19                       | 1/15/2020                                  |               |       |   |    |    |    |  |
|  |   |   |  |               |       |   |    |    |    |  |
|  |   |   |  |               |       |   |    |    |    |  |
| 3. List all employers/organizations that you represent as a lobbyist  Use additional reporting forms if necessary.   |   |   |  |               |       |   |    |    |    |  |
|  |   |   |  |               |       |   |    |    |    |  |
| 1. Highmark West Virginia  |   |   |  |               |       |   |    |    |    |  |
| 2. West Virginia Family Health 5.  |   |   |  |               |       |   |    |    |    |  |
|  |   |   |  |               |       |   |    |    |    |  |
| 3,   |   |   |  |               |       |   |    |    |    |  |
|  |   |   |  |               |       |   |    |    |    |  |
| 4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."  |   |   |  |               |       |   |    |    |    |  |
| None   |   |   |  |               |       |   |    |    |    |  |
|  |   |   |  |               |       |   |    |    |    |  |
|  |   |   |  |               |       |   |    |    |    |  |
|  |   |   |  |               |       |   |    |    |    |  |
| le rous-dance  |   |   |  |               |       |   |    |    |    |  |
| 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 |   |  |               |       |   |    |    |    |  |
| Α.   |   |   | 3  | \$            | Ś     | S   | Ś  | \$ | S  |  |
| В.   | Lodging   |   | 5  | S             | \$    | S   | \$ | 5  | Ś  |  |
| C.   | Advertisin  |   | ŝ  | \$            | S     | \$  | S  | \$ | \$ |  |
| D.   | Travel  |   | \$   | Ś             | S     | Ś   | 5  | \$ | \$ |  |
| E,   | Gifts   |   | \$   | \$            | .\$   | \$  | \$ | \$ | \$ |  |
| F.   | Other Exp   |   | \$   | \$            | \$    | \$  | \$ | \$ | \$ |  |
| G.   | Group Exp   | penditures :                            | 5  | \$            | · \$. | \$  | S  | \$ | \$ |  |
| Н.   | Campaign  | Contributions I                         | LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. \$ |               |       |   |    |    |    |  |
| l,   | TOTAL of  | all expenditures                        | ŝ  | \$            | \$    | \$  | \$ | \$ | \$ |  |
| If you sponsored or contributed to any group event or shared expenses, list the total expended in category 56 immediately above. Complete and  |   |   |  |               |       |   |    |    |    |  |