Received

MAY 11 2020

WV Ethics Commission

West Virginia Ethics Commission

Lobbyist Activity Report Form

2020-01

West Virginia Eth	ics Commission
Attn: Lobbyist Re	egistrar
210 Brooks St., St	e. 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 John Canfield Phone 304-347-2476											
Business Address Anthem, Inc.					В	usiness Email	john.canfield@anthem.com				
		200 Association	n Drive								
Charleston WV 25311											
City, State Zip											
2. Reporting period for which this activity report is being filed											
Check	Report	Period 1/1/20 - 4/30/20	Due Date			A STATE OF THE STA	-				
X	2020-1	1/1/20 - 4/30/20	5/15/2020	基础			-				
			+								
3. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary.											
1. Anthem, Inc. and Affilliates 4.											
2											
36,											
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."											
Health Care; Insurance; Medicaid											
				_							
5. Expenditures											
If no expenditures, including campaign contributions, mark here:											
		ey on any public offic		-	The same of the sa	ediate family, list	the amounts sp	ent in each of t	he following		
		ich employer you repi									
Expend	diture Cate	egories	Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended		
A.	Meals an	d Beverages	\$ 0	\$	\$	\$	\$	\$	\$ 0		
В.	Lodging		\$ 0	\$	\$	\$	\$	\$	\$ 0		
C.	Advertisi		\$ 0	\$	\$	\$	\$	\$	\$ 0		
D.	Travel		\$ 0	\$	\$	\$	\$	\$	\$ 0		
E.	Gifts		\$ 0	\$	\$	\$	\$	\$	\$ 0		
F.	Other Ex		\$ 0	\$	\$	\$	\$	\$	\$ 0		
G.		Group Expenditures \$ 0 \$ \$ \$ \$ \$ 0 Campaign Contributions LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.									
H.		f all expenditures	\$ 0	S TOTAL EX	S COL	Ś	S	Ś	\$ 0		
			*		. *						
If you sponsored or contributed to any group event or shared expenses, list the total expended in category SG immediately above. Complete and attach a Schedule B for each event.											