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West Virginia Ethics Commission Lobbyist Activity Report Form 2020-01

2020-01

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

Lute	eporting fine - 910 per bus	mess day pas	t the abe date	e (3230 max	mamy				
1. Name and contact information									
Name	Raymond L. Harrell, Jr. Phone 304-357-9918								
	Business Address 707 Virginia Street East, Suite 1300, Charleston, WV 25301								
Business Address Busine						siness Email Tayriorid. Harrell@dirisiriore.com			
City, State Zip									
2. Reporting period for which this activity report is being filed									
Check		Due Date							
х	2020-1 1/1/20 - 4/30/20	5/15/2020	0						
			2540.000						
3. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary.									
Anthem Inc. and its affiliates:									
2. CareSource Management Services 5.									
Most Virginia Inquironna Fodoration									
3. VVest Virginia insurance rederation 6.									
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."									
None									
5. Expenditures									
If no expenditures, including campaign contributions, mark here:									
If you	spent money on any public of	ficial, employee	or member of	his or her imn	nediate family, list	the amounts sp	ent in each of	the following	
categories per each employer you represent. Complete and attach Schedule A to this report.									
Expen	diture Categories	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 Expenditures	\$	\$	\$	\$	\$	\$	\$	
H.	Campaign Contributions LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.								
1.	TOTAL of all expenditures	\$	\$	\$	\$	\$	\$	\$	
If you	sponsored or contributed to a	ny group event	or shared expe	enses, list the	total expended in c	ategory 5G imr	nediately above	e. Complete and	
attach a Schedule B for each event.									