JAN 1 8 2022

WV Ethics Commission
West Virginia Ethics Commission

Lobbyist Activity Report Form

2021-03

West Virginia Ethics Commission Attn: Lobbyist Registrar 210 Brooks St., Ste. 300 Charleston, WV 25301 304-558-0664 For office use only:

Days late

No faxed copies

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

1. N	ame and co	ntact information											
Name Jill C. Rice						Phone 304-225-1430							
	Address 215 Don Knotts Blvd.					Email jill.rice@dinsmore.com							
Addre	Suite 310						Email <u>J.</u>						
City, S	tate Zip M	lorgantown, V	VV 26501			_							
2. R	eporting pe	riod for which this	activity report	is being filed									
Check		Period	Due Date										
x	2021-3	9/1/21-12/31/21	1/17/22										
				1									
				Land of the second of the seco		. CONTRACTOR OF STREET	not beauty the total						
3. Li	ist all emplo	yers/organizations	that you rent	esent as a lobb	wist		He	e additional rep	ortina forms i	f necessary			
						Onn		est Virginia		necessary.			
		irginia Insurar	ice redei	auon	_			est virginia	i, iiic.				
2	Anthem	, Inc.			5.	5, RELX, Inc.							
	West Virgi	inia Secondary So	chool Activitie	s Commission	1 .	Desturbuck Registration and Titing Solutions, Inc. / Desturbuck Colletens Management Bennices, Inc.							
3.													
4. L	obbying acti	vity summary - If t	nere was no a	ctivity or exper	naitures, in	idicate	"none."						
	, 1100,	caid and healthca	o, oxed com		101 30001	iddiy c		ky, too, mology					
5. E	xpenditures												
If no e	xpenditures	, including campaig	an contributio	ns. mark here:						·			
If you	spent mone	y on any public offic h employer you rep	cial, employee	or member of				the amounts sp	ent in each of	the following			
Expen	diture Categ	ories	Employer 1	Employer 2	Employe	er 3	Employer 4	Employer 5	Employer 6	Total Expended			
A.	Meals and	Beverages	\$1,335.39	\$	\$		\$	\$	\$	\$1,335.39			
В.	Lodging		\$	\$	\$		\$	\$	\$	\$			
C.	Advertisin	g	\$	\$	\$		\$	\$	\$	\$			
D.	Travel		\$	\$	\$		\$	\$	\$	\$			
E.	Gifts		\$	\$	\$		\$	\$	\$	\$			
F.	Other Exp	enses	\$	\$	\$		\$	\$	\$	\$			
G.	Group Exp	enditures	\$	\$	\$		\$	\$	\$	\$			
H.	Campaign	Contributions	LIST AMOUN	T IN "TOTAL EX	(PENDED"	COLUN	AN.		-	\$1,250			
1.	TOTAL of	all expenditures	\$1,335.39	\$	\$		\$	\$	\$	\$2,585.39			
If you	sponsored o	r contributed to an	y group event	or shared expe	nses, list th	he tota	l expended in c	ategory 5G imm	nediately abov	e. Complete and			
attach	a Schedule	B for each event.											

West Virginia Ethics Commission

Lobbyist Activity Report Form

2021-03

West Virginia Ethics Commission Attn: Lobbyist Registrar 210 Brooks St., Ste. 300 Charleston, WV 25301 304-558-0664 For office use only:

Days lete

No faxed copies

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

	ame and co									
lame Jill C. Rice						Phone 304-225-1430				
ddre	215 De	on Knotts Blvd	d.				II.rice@din		n	
iddi C	Suite 3					Lillan Z				
			0.4.0050							
ity, Si	tate Zip M	lorgantown, W	VV 2650°							
. Re	eporting pe	riod for which this a	activity repor	is being filed						
heck	Report	Period	Due Date							
x	2021-3	9/1/21-12/31/21	1/17/22	1000						
				- 14						
					and the second second second second					
. Li	st all emplo	yers/organizations	that you requ	esent as a lobb	vist	Us	e additional rep	ortina forms i	f necessary.	
	ADP	,, Ba	that you rep		7,122				,	
1.	ADF				4					
2.					5					
					6					
					6					
3.										
3. I. Lo	obbying acti	vity summary - If th								
3.	obbying acti									
3. I. Lo	obbying acti									
3. I. Lo	obbying acti									
3.	obbying acti									
3. Lo	obbying acti	vity summary - If th								
ayr	obbying acti	vity summary - If th	nere was no a	ctivity or exper	nditures, indicat					
3. Lo Payi	obbying acti roll xpenditures	vity summary - If th	nere was no a	ctivity or exper	nditures, indicat	e "none."				
3. Dayi	obbying acti roll xpenditures xpenditures xpenditures spent mone	vity summary - If the summary is the summary in the summary is the summary is the summary is the summary is the summary in the summary is the	nere was no a gn contributio	ctivity or exper	nditures, indicat	e "none."			the following	
3. Lo Payr 5. En f no e. f you satego	pobbying action of the company of th	vity summary - If the summary including campaign yon any public office the many public office the moloyer you rep	nere was no a	ns, mark here: or member of plete and attach	his or her immed	e "none." diate family, list this report.	the amounts sp	ent in each of		
3. Lo Payr 5. En f no e. f you satego	pubbying action of the control of th	vity summary - If the summary including campaig yon any public office the employer you reproves	nere was no a gn contributio cial, employee resent. Comp Employer 1	ns, mark here: or member of plete and attach	his or her immed Schedule A to t	diate family, list his report.	the amounts sp	ent in each of Employer 6	Total Expende	
3. Lo Payr	pubbying action of the control of th	vity summary - If the summary including campaig yon any public office hemployer you reprories Beverages	an contributionial, employee resent. Comp	ns, mark here: or member of plete and attach	his or her immed Schedule A to t	diate family, list this report. Employer 4	the amounts sp	ent in each of Employer 6	Total Expende	
3. Day! Day! J. Lo Day! J. Lo Day! J. Lo Day! J. Lo Day: J.	xpenditures xpenditures xpenditures spent mone ries per eac diture Categ Meals and Lodging	vity summary - If the summary including campaig yon any public office hemployer you reprories Beverages	nere was no a mere was no a me	ns, mark here: or member of plete and attach Employer 2	his or her immed Schedule A to t Employer 3	diate family, list this report. Employer 4 \$	the amounts sp	ent in each of Employer 6	Total Expende \$0.00 \$	
3. Lo Payri	expenditures expenditures expenditures expenditures expenditures expenditure e	vity summary - If the control of the	an contribution cial, employee resent. Comp Employer 1 \$0.00 \$	ns, mark here: or member of plete and attach Employer 2 \$ \$ \$	his or her immed Schedule A to t Employer 3	diate family, list this report. Employer 4 \$ \$ \$	the amounts sp	ent in each of Employer 6 \$ \$ \$	Total Expende \$0.00 \$	
3. Lo Payl	xpenditures xpenditures xpenditures spent mone ries per eac diture Categ Meals and Lodging	vity summary - If the control of the	nere was no a no contribution ial, employeeresent. Comp Employer 1 \$0.00 \$ \$ \$	ns, mark here: or member of plete and attach Employer 2 \$ \$ \$ \$	his or her immed Schedule A to t Employer 3 \$ \$ \$ \$	diate family, list this report. Employer 4 \$ \$ \$ \$	Employer 5 \$ \$ \$ \$	ent in each of \$ \$ \$ \$ \$ \$	Total Expende \$0.00 \$ \$ \$ \$ \$	
3. D. Lo Payl ii. En f you satego Expenda A. C. D.	xpenditures xpenditures xpenditures spent mone ries per eac diture Categ Meals and Lodging Advertisin	including campaig y on any public offic h employer you rep pories Beverages	nere was no a contribution contribution contribution cial, employer 1 \$0.00 \$ \$ \$ \$ \$ \$	ns, mark here: or member of plete and attach Employer 2 \$ \$ \$ \$ \$	his or her immed Schedule A to t Employer 3	diate family, list this report. Employer 4 \$ \$ \$	the amounts sp	ent in each of \$ \$ \$ \$ \$ \$ \$	Total Expende \$0.00 \$ \$ \$ \$ \$ \$ \$	
3. D. Lo Payl i. En fno e. Expenda A. 3. C. D. E.	xpenditures xpenditures xpenditures xpenditure Catego Meals and Lodging Advertisin Travel	including campaig y on any public offic h employer you rep pories Beverages	nere was no a no contribution ial, employeeresent. Comp Employer 1 \$0.00 \$ \$ \$	ns, mark here: or member of plete and attach Employer 2 \$ \$ \$ \$	his or her immed Schedule A to t Employer 3 \$ \$ \$ \$	diate family, list this report. Employer 4 \$ \$ \$ \$	Employer 5 \$ \$ \$ \$	ent in each of \$ \$ \$ \$ \$ \$	Total Expende \$0.00 \$ \$ \$ \$ \$	
3. D. Lo Pay! Si. En fno e. Expended Expended C. D. E. F.	pobbying active separatures spenditures per each diture Category Meals and Lodging Advertisin Travel Gifts	i, including campaig y on any public offic h employer you rep pories Beverages	nere was no a contribution contribution contribution cial, employer 1 \$0.00 \$ \$ \$ \$ \$ \$	ns, mark here: or member of plete and attach Employer 2 \$ \$ \$ \$ \$	his or her immed Schedule A to t Employer 3 \$ \$ \$	diate family, list this report. Employer 4 \$ \$ \$ \$ \$	Employer 5 \$ \$ \$ \$ \$	ent in each of \$ \$ \$ \$ \$ \$ \$	Total Expende \$0.00 \$ \$ \$ \$ \$ \$ \$	
3. Payr S. En	xpenditures xxpenditures xxpenditures spent mone ries per eac diture Categ Meals and Lodging Advertisin Travel Gifts Other Exp Group Exp	vity summary - If the control of the	mere was no a gn contributio cial, employee resent. Comp Employer 1 \$0.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ns, mark here: or member of plete and attach Employer 2 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	his or her immed Schedule A to t Employer 3 \$ \$ \$ \$	diate family, list this report. Employer 4 \$ \$ \$ \$ \$ \$ \$ \$	Employer 5 \$ \$ \$ \$ \$ \$	ent in each of Employer 6 \$ \$ \$ \$ \$ \$ \$ \$	Total Expende	

			Name: Jil	I C. Rice				Date:	01/18/2022
schedule A: WV Lok	•								
omplete this form if you ha uring this reporting period. ifts, (5) Other Expenditures	If you ha	ve made	e expenditures	in these cate	gories - (1) /	Aeals & Bev			
you shared any of these ex ame. You are not required ontributions] and Group En chedule B.	to report	on Sche	dule A detaile	d expenditure	s on Adverti	sing, Contri	butions [incl	uding po	olitical
Expenditure Details	- (include	shared	expenditures	not reported	on Schedule	в)			
eport all expenditures in ar	ny of the o	categorie	es listed below	on a particula	r person or	member of			
nose reported in Section 1a									
ported on Schedule B. Tra						rt. If you sh	nared expend	ditures v	vith another
bbyist, identify who shared ecipient name(s) and date			meals &	Lodging	Travel	Gifts	Other	Tota	1\$
ecipient name(s) and date	oi experio	illure	beverages	Longing	Havei	ditts	Other	1	ended
Del. Steve Westfall - 09	3/02/2021		160.86						160.86
Del. Ben Queen - 09/0	02/2021		160.86						160.86
WV Insurance Commissioner J. Dodrill	& guest - 90/02	2/2021	321.72						321.72
TOTAL Expendit	tures		643.44						643.44
· Cife (Correct)									
a Gifts (Group)									
rdinarily gifts to individual f the House or Senate, the roup it was given and the to	entire Leg	gislature	or to standing	or joint comm	nittees must	be listed h	ere. Describ	e the ite	em, to which
ransfer the total cost to the				-		G,,			
Describe the gift(s)		Which	employer prov	vided the gift?	Which gr	oup receive	ed the gift?	Total	cost of gift(s)
				, and the same of					
. Participation in a Pa	nel or S	peakin	g Engageme	ent					
eport expenditures on a pa									al's
articipation in a panel or sp									1
	Meals & beverages		Lodging	Travel	Gifts	Sched & oth	duled entertainment her		Total \$ expended
ecipient name and event	bever	ages							-
ecipient name and event	bever	ages							
ecipient name and event	bever	ages							

3. Subjects of Lobbying

For each recipient identified in 1, 1a & 2 above, explain briefly the subjects of lobbying. List the individual or group recipient and
then the subject matter of the lobbying. Example: "Del. Joe Jones – Health Care" or "House Finance Committee - Environment."
Del. Steve Westfall - insurance; Del. Ben Queen - Insurance; WV Insurance Commissioner J. Dodrill - insurance

		Name: Ji	II C. Rice				Date:	01/18/2022
Schedule A: WV Lol (Attach this completed shee								
Complete this form if you had during this reporting period. Gifts, (5) Other Expenditures	If you have made	de expenditure	s in these categ	ories - (1) N	leals & Beve			
If you shared any of these ex name. You are not required contributions] and Group En Schedule B.	to report on Sch	edule A detaile	ed expenditures	on Advertis	ing, Contrib	outions (incl	uding p	olitical
1. Expenditure Details	- (include share	dexpenditures	not reported o	n Schedule	B)			
Report all expenditures in an those reported in Section 1a reported on Schedule B. Tra lobbyist, identify who shared	ny of the categor or 2 (below) or ansfer the totals	ies listed below any portion of to section 5 on	on a particula a "Group Enter the Lobbyist A	r person or r tainment" C ctivity Repor	member of to	Expense" ev	ent whi	ch are to be
Recipient name(s) and date	of expenditure	Meals & beverages	Lodging	Travel	Gifts	Other	Tota	II \$ ended
Del. Moore Capito - 11	/18/2021	138.39					CAPE	138.39
Del. Steve Westfall & Guesi		276.78						276.78
Sen. Eric Nelson & Gues		276.78						276.78
TOTAL Expendit	huese	601.05						691.95
TOTAL Expendit	tures	691.95						691.95
1a Gifts (Group) Ordinarily gifts to individual of the House or Senate, the group it was given and the transfer the total cost to the Describe the gift(s)	entire Legislatur otal cost. You ne Lobbyist Activit	e or to standing ed not list each	g or joint comm h legislator who on 5E .	ittees must received th	be listed he	re. Describ the name of	e the ite f the gro	em, to which
Describe the Birtis)	VVIIIC	remployer pro	videa the Birti	William Brook received the Bitt.			Total cost of girt(s)	
2. Participation in a Pa	•							
Report expenditures on a pa								ial's
participation in a panel or sp								Total C
Recipient name and event	Meals & beverages	Lodging	Travel	Gifts		cheduled entertainment other		Total \$ expended
						-		
3. Subjects of Lobbying	2						,,,	and the second
For each recipient identified then the subject matter of the subje	in 1, 1a & 2 abo							
Del. Moore Capito - Insurance;								