# Page 10F3

#### SEP 1 5 2022

#### WV Ethics Commission

**West Virginia Ethics Commission** 

## **Lobbyist Activity Report Form**

2022-02

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

1. N	ame and contact information							
Name	Jill C. Rice				Phone	304-225-14	30	
	s 215 Don Knotts Blv	ıd		4.44				
Addre		ru.			Email			
	Suite 310							
City, S	ate Zip Morgantown, \	WV 26501		-				
2. R	eporting period for which this	activity repor	t is being filed					
Check	Report Period	Due Date						
x	2022-2 5/1/22-8/31/22	9/15/22						
3. Li	st all employers/organization	s that you rep	resent as a lobb	vist	Us	e additional rep	ortina forms i	necessary.
	West Virginia Insura			W-17	portunity W			necessary.
						est viigiine	1, 1110.	
2.	Elevance Health & it	ts Affliates			X, Inc.			
2	West Virginia Secondary S	chool Activitie	s Commission	Designa	k Registration and Titling, Inc. / D	ealertrack Collateral Manageme	m Services, Inc.	
				6.				
				6				
· · · · · · · · · · · · · · · · · · ·	obbying activity summary - If							4-1
4. L	obbying activity summary - If	there was no a	ctivity or exper	nditures, indicat	e "none."			bloay
4. L		there was no a	ctivity or exper	nditures, indicat	e "none."			blogy
4. L	obbying activity summary - If	there was no a	ctivity or exper	nditures, indicat	e "none."			ology
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4. Lo	obbying activity summary - If ance; Medicaid and healthca spenditures	there was no a are; Extra curr	ctivity or exper	nditures, indicates	e "none."			ology
4. Lo Insura 5. E:	obbying activity summary - If ance; Medicaid and healthcate and he	there was no a are; Extra curr ign contributio	ctivity or expericular activities	nditures, indicates for secondary	e "none." schools; Diver	sity; Informati	on and techno	
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5. Exifno e If you catego Expen A. B.	spenditures  spenditures  spenditures, including campa spent money on any public off ries per each employer you re diture Categories  Meals and Beverages  Lodging	ign contribution icial, employee present. Comp Employer 1 \$	ons, mark here: or member of plete and attack Employer 2	his or her immed Schedule A to t Employer 3	diate family, list his report.  Employer 4	sity; Informati	on and technology ent in each of t  Employer 6  \$	he following  Total Expended  \$ \$
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5. E: If no e If you: catego Expen A. B. C. D. E.	spenditures spenditures spenditures, including campa spent money on any public off ries per each employer you re diture Categories Meals and Beverages Lodging Advertising Travel Gifts	ign contribution icial, employee present. Complement S \$ \$ \$ \$ \$ \$	ons, mark here: or member of plete and attack Employer 2 \$ \$ \$ \$	his or her immed Schedule A to t Employer 3 \$ \$ \$ \$ \$ \$	diate family, list his report.  Employer 4  \$ \$ \$ \$ \$ \$	sity; Informati	ent in each of t  Employer 6  \$ \$ \$ \$ \$	he following  Total Expended  \$ \$ \$ \$ \$
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West Virginia Ethics Commission

### **Lobbyist Activity Report Form**

2022-02

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

Late re	eporting Ji	ne - \$10 per busii	iess day pas	t the due date	(\$250 maxim	um)		THIC	
1. Name and contact information									
Nama	Name Jill C. Rice Phone 304-225-1430								
Address 215 Don Knotts Blvd.					Phone 304-225-1430  Email jill.rice@dinsmore.com				
Addres			u.			Email J	i.rice@ain	smore.con	n
	Suite :	310							
City, St	ate Zip N	lorgantown, V	VV 26501						
2. Re	porting pe	riod for which this	activity report	is being filed	-				
Check	Report	Period	Due Date	The series in the		1	T		
×	2022-2	5/1/22-8/31/22	9/15/22						
3. List all employers/organizations that you represent as a lobbyist  Use additional reporting forms if necessary.									
	ADP								
2.	Pierpont Community & Technical College 5.								
3.	36								
4. Lo	bbying act	ivity summary - If the	here was no a	ctivity or expen	ditures, indicate	e "none."			
Pavr	oll and l	Human Resou	irces issu	es: Higher	Education				
1 dyl	Oll dild	Turnari (Cook	21000 1000	cs, riigilei	Ladoation				
F F.									
	penditures			and to a					
		y on any public office			nis or hor immed	diata family list t	the amounts en	ent in each of t	ha following
		h employer you rep					the amounts sp	ent in each or i	ine rollowing
	diture Cate	1	Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended
Α.		Beverages	\$	\$	\$	\$	\$	\$	\$0.00
B.	Lodging		\$	\$	\$	\$	\$	\$	\$0.00
C.	Advertisin	g	\$	\$	\$	\$	\$	\$	\$
D.	Travel		\$	\$	\$	\$	\$	\$	\$
E.	Gifts		\$	\$	\$	\$	\$	\$	\$
F.	Other Exp	enses	\$	\$	\$	\$	\$	\$	\$
G.	Group Exp	enditures	\$	\$	\$	\$	\$	\$	\$
H.	Campaign	Contributions	LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.						
1.	TOTAL of all expenditures \$0.00 \$0.00 \$ \$ \$ \$ \$ \$0.00								
If you s	ponsored o	or contributed to an	y group event	or shared expe	nses, list the tot	al expended in c	ategory 5G imm	nediately above	e. Complete and

Continued on page 2

attach a Schedule B for each event.

	Name:	Jill C. Ric	E	Date: Sent 15 Sept
Schedule B: Group Ente (Attach to the Lobbyist Activity Re	rtainment & Shared			oute. Spirits
Instructions: Group Entertainment for a dinner party, reception or ot names of attendees do not need to	her similar function if you ir	vited ALL members of any	he following groups. of these four specific	Report expenditures groups. Individual
<ol> <li>the Legislature</li> <li>a standing or select</li> </ol>	committee of either house	<ol> <li>either house of</li> <li>a joint commit</li> </ol>	of the Legislature ttee of both houses	
Use the worksheet below to figure "event." Enter this amount on the	e the amount spent on legis Lobbyist Activity Report.	lators and other governme	ntal officials and emp	loyees for each
List each group event separately, in <b>Section B</b> . You must then calcuyou share expenses with another sponsors in <b>Section C</b> below.	late and post on the Lobbyi	st Activity Report only the	amount actually speni	t on public officials. If
Section A: Event Information				
Lobbying expenses for entertainm Activity Report Form. List the nam names in item 5 below, as well as	es of attendees on this form	n or attach additional infor	mation pages. If using	this form, list the
1. Date of event: August 15, 2022	Location	on: Bavarian Inn, Shepherdsto	wn, WV	
2. Type of event (reception, dinn	er, etc.): West Virginia Insurar	ce Federation Legislative Rece	eption and Dinner	
Event sponsor:      West Viriginia insurance Federate     must also complete Section C I		(If you shared the spo	onsorship and expense	es with others, you
4. Which of the following govern a. the Legislature b. either house of the		<ul><li>? All members of:</li><li>c. a standing or select com</li><li>d. a joint committee of both</li></ul>		е
		OR		
	was not in one of the four s officials in attendance here of Espinosa and guest; Del. Don	or on an attachment to this	form. List attendees	here:
Section B: Calculate Reportabl	e Expenses	Some	calculations must be p	erformed manually.
1. $\frac{1,355.09}{\text{(total cost of event)}} \div \frac{21}{\text{(total cost of event)}}$	= \$64.53 attendance) (per c	apita cost)		
Number of governmental office	34.53 = <b>[</b>	80.97		
If this was a true Group Entertaing Lobbyist Activity Report in Section of the cost. Note: If you classified Form as a Meals & Beverages exp	n 5G. If you shared expense If the expenditure described	s with others, complete sec in section A as "OTHER," it	ction C below, and rep	port only your portion
Section C: Shared Sponsorship	Expenses			
1. Were any other lobbyists co-s	oonsors of this event? Yes	(yes or no)		
2. If yes, with how many others a National Association of Mutual Insuran		List the names of all spo	nsors below:	

3. What is your share of Box 1 above? \$ 290.39

Record that amount in Box 2 and on the Lobbyist Activity Report in Section 5G.

290.**39**°