SEP 5 - 2024

WV Ethics Commission

West Virginia Ethics Commission

Lobbyist Activity Report Form

2024-2

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

West Virginia Eth Attn: Lobbyist Re	
210 Brooks St., Si	_
Charleston, WV	
304-558-0664	No faxed copies
For office was only:	
Postmark	Rec'd
Days late	Fine

Name John Canfield						Phone (304) 590-9553			
Address 200 Association Drive, Suite 200						Email john.canfield@elevancehealth.c			ealth.com
City, St	tate Zip C	harleston, WV 2	5311						
2. Re	eporting pe	riod for which this	activity report	is being filed					
Check	Report	Period	Due Date	Des alla messa	4			i the Country of Count	1
X	2024-2	5/1/24-8/31/24	9/16/2024					and the second s	
3. LI:	st all emplo	oyers/organization	s that you reor	esent as a lobb	vist	Use	additional rep	ortina forms h	necessary.
	THE REST PARTY OF THE PARTY	Health, and its A	A STATE OF THE PARTY OF THE PAR					, , , , , , , , , , , , , , , , , , , ,	
1,		riodili, and to	timatoo						
2.					5				
2					6				
						, and the second	. · · · · · · · · · · · · · · · · · · ·	**************************************	
l. Lo		ivity summary - If t lealth Care; M		ctivity or expen	ditures, indicate	e "none."			
4. La Insu	rance; H	lealth Care; M		ctivity or expen	editures, indicato	e "none."			
4. La Insui	rance; H	lealth Care; M	edicaid.			e "none."			
4. La Insui	rance; H menditure: xpenditure:	lealth Care; M	edicaid.	ns, mark here:					
4. Lo Insul 5. Exif no exit	rance; H spenditure: spent mone ries per eac	lealth Care; M s, including campai ey on any public off ch employer you re	edicaid. ign contributio icial, employee present. Comp	ns, mark here: or member of	his or her immer Schedule A to t	diate family, list (
4. Lo Insul	rance; H spenditure spent mone ries per eac diture Cate	lealth Care; M s, including campai ey on any public off ch employer you re gories	ign contribution icial, employee present. Comp	ns, mark here: or member of plete and attach Employer 2	his or her immed Schedule A to t Employer 3	diate family, list t his report. Employer 4	Employer 5	Employer 6	Total Expende
Insul	rance; H spenditure spent mone ries per eac diture Cate	lealth Care; M s, including campai ey on any public off ch employer you re	ign contribution icial, employee present. Comp	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	Employer 6	Total Expende
4. Lo Insul 5. Exif no exit you s catego Expend A. B.	penditure: spent mone ries per ead diture Cate Meals and	lealth Care; M s, including campa ey on any public off ch employer you re gories d Beverages	ign contributio icial, employee present. Comp Employer 1 \$ 0 \$ 0	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 \$	Employer 6 \$ \$	Total Expende \$ \$
5. Expendence A. B. C.	menditures spenditures spent mone ries per ead diture Cate Meals and Lodging Advertisir	lealth Care; M s, including campa ey on any public off ch employer you re gories d Beverages	ign contribution icial, employee present. Comp Employer 1 \$ 0 \$ 0 \$ 0	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 \$ \$ \$	Employer 6 \$ \$ \$	Total Expende \$ \$ \$
5. E) If no exist you scatego Expense A. B. C.	openditure: spent mone ries per ead diture Cate Meals and Lodging Advertisir Travel	lealth Care; M s, including campa ey on any public off ch employer you re gories d Beverages	ign contribution licial, employee present. Comp Employer 1 \$ 0 \$ 0 \$ 5	ns, mark here: or member of blete and attach Employer 2 \$ \$ \$	his or her immed Schedule A to t Employer 3 \$ \$ \$	diate family, list this report. Employer 4 \$ \$ \$ \$	Employer 5 \$ \$ \$ \$	Employer 6 \$ \$ \$ \$	Total Expende \$ \$ \$ \$
5. Expendence A. B. C. D. E.	penditure: spent mone ries per ear diture Cate Meals and Lodging Advertisir Travel Gifts	lealth Care; M s, including campai ey on any public off ch employer you re gories d Beverages	ign contribution icial, employee present. Comp Employer 1 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0	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 \$ \$ \$ \$ \$	Employer 6 \$ \$ \$ \$ \$ \$ \$ \$	Total Expende \$ \$ \$ \$ \$ \$ \$
4. Lo Insul 5. Exif no exit	penditures spent mone ries per ear diture Cate Meals and Lodging Advertisir Travel Gifts Other Exp	lealth Care; M s, including campai ey on any public off ch employer you re gories d Beverages	ign contribution licial, employee present. Comp Employer 1 \$	ns, mark here: or member of olete and attach Employer 2 \$ \$ \$ \$ \$ \$	his or her immed Schedule A to t Employer 3 \$ \$ \$ \$	diate family, list this report. Employer 4 \$ \$ \$ \$ \$ \$ \$	Employer 5 \$ \$ \$ \$ \$ \$ \$ \$	Employer 6 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Total Expende \$ \$ \$ \$ \$ \$ \$ \$ \$
5. Exif no exit for your scatego Expense A. B. C. D. E.	penditure: xpenditure: xpent mone ries per ead diture Cate Meals and Lodging Advertisir Travel Gifts Other Exp	lealth Care; M s, including campal ey on any public off ch employer you re gories d Beverages ng penses penditures	ign contribution licial, employee present. Comp Employer 1 \$	ns, mark here: or member of olete and attach Employer 2 \$ \$ \$ \$ \$ \$ \$ \$	his or her immed Schedule A to t Employer 3 \$ \$ \$ \$ \$	diate family, list this report. Employer 4 \$ \$ \$ \$ \$ \$ \$ \$	Employer 5 \$ \$ \$ \$ \$	Employer 6 \$ \$ \$ \$ \$ \$ \$ \$	Total Expende \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
5. Exif no exit states of the control of the contro	penditure: xpenditure: xpenditure: spent mone ries per ead diture Cate Meals and Lodging Advertisir Travel Gifts Other Exp Group Exp Campaigr	lealth Care; M s, including campai ey on any public off ch employer you re gories d Beverages	ign contribution licial, employee present. Comp Employer 1 \$	ns, mark here: or member of olete and attach Employer 2 \$ \$ \$ \$ \$ \$ \$ \$	his or her immed Schedule A to t Employer 3 \$ \$ \$ \$	diate family, list this report. Employer 4 \$ \$ \$ \$ \$ \$ \$ \$	Employer 5 \$ \$ \$ \$ \$ \$ \$ \$	Employer 6 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Total Expende \$ \$ \$ \$ \$ \$ \$ \$ \$

Continued on page 2