

**RECEIVED**

By WV Ethics Commission at 2:34 pm, May 08, 2023

West Virginia Ethics Commission

# Lobbyist Activity Report Form

2023-01

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 \_\_\_\_\_  
Days late \_\_\_\_\_ Fine \_\_\_\_\_

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

**1. Name and contact information**

Name John Canfield  
Address 200 Association Drive, Suite 200  
City, State Zip Charleston, WV 25311

Phone (304) 590-9553  
Email john.canfield@elevancehealth.com

**2. Reporting period for which this activity report is being filed**

Check	Report	Period	Due Date				
x	2023-01	1/1/23-4/30/23	5/15/23				

**3. List all employers/organizations that you represent as a lobbyist**

Use additional reporting forms if necessary.

- Elevance Health, and its Affiliates
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_


**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:

If you spent money on any public official, employee or member of his or her immediate family, list the amounts spent in each of the following categories per each employer you represent. Complete and attach Schedule A to this report.

Expenditure Categories	Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended
A. Meals and Beverages	\$ 0	\$	\$	\$	\$	\$	\$ 0
B. Lodging	\$ 0	\$	\$	\$	\$	\$	\$ 0
C. Advertising	\$ 0	\$	\$	\$	\$	\$	\$ 0
D. Travel	\$ 0	\$	\$	\$	\$	\$	\$ 0
E. Gifts	\$ 0	\$	\$	\$	\$	\$	\$ 0
F. Other Expenses	\$ 0	\$	\$	\$	\$	\$	\$ 0
G. Group Expenditures	\$ 0	\$	\$	\$	\$	\$	\$ 0
H. Campaign Contributions	LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. 						\$ 0
I. TOTAL of all expenditures	\$ 0	\$	\$	\$	\$	\$	\$ 0

If you sponsored or contributed to any group event or shared expenses, list the total expended in category 5G immediately above. Complete and attach a Schedule B for each event.

Continued on page 2