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By WV Ethics Commission at 1:55 pm, Sep 15, 2023

**West Virginia Ethics Commission** 

Name and contact information

# **Lobbyist Activity Report Form**

2023-02

West Virginia Ethics Commission Attn: Lobbyist Registrar 210 Brooks St., Ste. 300 Charleston, WV 25301

304-558-0664 For office use only:

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Days late \_

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Rec'd

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

| Name   |   |  |           |              |     | Phone |          |    |                |
|--|---|--|-----------|--------------|-----|-------|----------|----|----------------|
| Address  |   |  |           |              |     | Email |          |    |                |
|  |   |  |           |              |     |       |          |    |                |
| City, State Zip  |   |  |           |              |     |       |          |    |                |
| 2. Reporting period for which this activity report is being filed  |   |  |           |              |     |       |          |    |                |
| Check  |   |  |           |              |     |       |          |    |                |
| Х  | <u> </u>  | 4/1/23-8/31/23                         | 9/15/23   | -            |     |       |          |    |                |
|  |   | ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, | 3, 13, 13 | -            |     |       |          |    |                |
|  |   |  |           |              |     |       |          |    |                |
| 3. List all employers/organizations that you represent as a lobbyist  Use additional reporting forms if necessary.   |   |  |           |              |     |       |          |    |                |
| 3. LI  | List all employers/organizations that you represent as a lobbyist  Use additional reporting forms if necessary. |  |           |              |     |       |          |    |                |
| 1.   | 1 4   |  |           |              |     |       |          |    |                |
| 2.   | 2 5   |  |           |              |     |       |          |    |                |
|  |   |  |           |              |     |       |          |    |                |
| 3 6  |   |  |           |              |     |       |          |    |                |
|  |   |  |           |              |     |       |          |    |                |
| 4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."  |   |  |           |              |     |       |          |    |                |
|  |   |  |           |              |     |       |          |    |                |
|  |   |  |           |              |     |       |          |    |                |
|  |   |  |           |              |     |       |          |    |                |
|  |   |  |           |              |     |       |          |    |                |
| 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. |   |  |           |              |     |       |          |    |                |
|  |   |  |           |              |     |       |          |    | Total Expended |
| Α.   | Meals and Beverages   |  | \$        | \$           | \$  | \$    | \$       | \$ | \$             |
| В.   | Lodging   | . Develuges                            | \$        | \$           | \$  | \$    | \$       | Ś  | \$             |
| C.   | Advertising   |  | \$        | \$           | \$  | \$    | \$       | \$ | \$             |
| D.   | Travel  |  | \$        | \$           | \$  | \$    | \$       | \$ | \$             |
| E.   | Gifts   |  | \$        | \$           | \$  | \$    | \$       | \$ | \$             |
| F.   | Other Expenses  |  | \$        | \$           | \$  | \$    | \$       | \$ | \$             |
| G.   | Group Expenditures \$   |  | \$        | \$           | \$  | \$    | \$       | \$ | \$             |
| Н.   | Campaign Contributions LIST AMOUNT IN "TOTAL EXPENDED"  |  |           | PENDED" COLU | MN. | •     | <b>—</b> | \$ |                |
| I.   |   | all expenditures                       | \$        | \$           | \$  | \$    | \$       | \$ | \$             |
| 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.

#### **EXHIBIT A**

## ANGEL MOORE

## LOBBYIST ACTIVITY REPORT FORM 2023-2

Flandreau Santee Sioux Tribe; General Acquisitions LLC, Google, LLC and its Affiliates; Harvest Care Medical, LLC; Hope Gas; Mountaineer Park HBPA; Optum, Inc; Seva WV, Inc.; Soho's Enterprises, LLC dba Soho's at Capitol Market; Thompson Construction Group; United Health System, Inc./WV; United HealthCare Services, Inc.; Urgent Care MSO LLC aka MedExpress; Fairmont State University