## Received

**West Virginia Ethics Commission** 

attach a Schedule B for each event.

Lobbyist certification - Please read and sign below.

## Lobbyist Activity Report Form

**NV Ethics Commission** 

JAN 18 2018

West Virginia Ethics Commission mistakesin
Attn: Lobbyist Registrar
210 Brooks St., Ste. 300
Charleston MW 35303

Charleston, WV 25301 304-558-0664 No

No faxed copies

For office use only:
Postmark

Rec'd\_\_\_\_

Late reporting fine - \$10 per business day past the due date (\$250 maximum)									0	
Name and contact information										
Name Angel R. Moore Phone 304-546-8121										
						Phone _	engal@maarafirmafaharlaatan.com			
Address 106 Capitol Street						Email _d	Email angel@moorefirmofcharleston.com			
city, State zip Charleston, WV 25301										
2. Reporting period for which this activity report is being filed										
Check		Due Date								
×	2017-3 9/1/17-12/31/17	1/15/2018								
								,.		
3. List all employers/organizations that you represent as a lobbyist  Use additional reporting forms if necessary.										
	1. Energy Transport, LLC  4. MedExpress Urgent Care, Inc.									
2. FirstEnergy Corp 5. Mountaineer Park HBPA										
3. Frontier Communications Corporation 6. (See Attached Exhibit A Supp. Client List)										
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."										
None										
TAOTIC										
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	\$	Employer 2	Employer 3		Employer 4	Employer 5	Employer 6	Total Expended	
В,	Lodging	\$	\$	\$		\$	\$	\$	\$	
C.	Advertising	\$	Ś	\$		\$	\$	\$	\$	
D.	Travel	\$	\$	\$		\$	\$	\$	\$	
E.	Gifts	\$	Ś	\$		Š	\$	\$	\$	
F.	Other Expenses	\$	Ś	\$		\$	\$	\$	\$	
G.	Group Expenditures	\$	\$	\$		\$	\$	\$	Ś	
Н.	Campaign Contributions	*	Ψ.	PENDED" COLUMN.		Y			\$500	
1.	TOTAL of all expenditures	\$	\$	\$		s	\$	Ś	\$500	
If you sponsored or contributed to any group event or shared expenses, list the total expended in category 5G immediately above. Complete and										

## EXHIBIT A ANGEL R. MOORE SUPPLMENTAL CLIENT LIST WV ETHICS COMMISSION LOBBYIST ACTIVITY REPORT FORM 2017-3

UNITED HEALTHCARE SERVICES, INC.
OPTUM, INC.
iSELECTMD WV
UNITED HEALTH SYSTEMS (WVU HOSPITALS)
WV PRESS ASSOCIATION
MYLAN, INC.