

# Lobbyist Activity Report Form

2017-02

SEP 14 2017

WV Ethics Commission

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 Larry Puccio

Phone 304-288-0522

Address PO Box 327

Email larrypuccio@yahoo.com

City, State Zip Fairmont, WV 26555

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

Check	Report	Period	Due Date				
x	2017-2	5/1/17-8/31/17	9/15/2017				

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

*Use additional reporting forms if necessary.*

- |                                   |                                    |
|-----------------------------------|------------------------------------|
| 1. <u>Charles Town HBPA, Inc.</u> | 4. <u>Greenbrier Resort Hotel</u>  |
| 2. <u>First Energy</u>            | 5. <u>iSelectMD, LLC</u>           |
| 3. <u>Frontier Communications</u> | 6. <u>KVC Health Systems, Inc.</u> |


**4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."**

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.

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

**6. Lobbyist certification - Please read and sign below.**

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1. <u>MedExpress Urgent Care, Inc.WV</u>	4. <u>Pallottine Health Services</u>
2. <u>Mylan Inc.</u>	5. <u>WV Press Association</u>
3. <u>Optum, Inc.</u>	6. <u>Southern Coal Corporation</u>

**4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."**

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.

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

**6. Lobbyist certification – Please read and sign below.**

To the best of my knowledge, the information contained hereon and on any attached materials is true, correct and complete. I understand that it is

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

Use additional reporting forms if necessary.

- |  |          |
|--|----------|
| 1. <u>United Health System, Inc. WV</u>    | 4. _____ |
| 2. <u>United Healthcare Services, Inc.</u> | 5. _____ |
| 3. <u>Vertex Non-Profit Holding, Inc.</u>  | 6. _____ |


### 4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."

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.

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

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To the best of my knowledge, the information contained hereon and on any attached materials is true, correct and complete. I understand that it is