West Virginia Ethics Commission

Lobbyist Activity Report Form 2018-02

Received

OCT 0 4 2018

Attn: Lobbyist Registrar 210 Brooks St., Ste. 300 Charleston, WV 25301 304-558-0664 No fa.

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West Virginia Ethics Commission

No faxed copies

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

| 1. Name and contact information | | | | | | | | |
|--|--------------------------|--------------|------------|-----------------------|-------------------|---------------------------------|-------------|----------------|
| Angel R. Moore | | | | | 304-546-8121 | | | |
| Name | | | | | Phone | | | |
| 106 Capitol Street | | | | | Email 2 | angel@moorefirmofcharleston.cor | | |
| | | | | | | | | |
| City, State Zip Charleston, WV 25304 | | | | | | | | |
| City, State Zip | | | | | | | | |
| | | | | | | | | |
| 2. Reporting period for which this activity report is being filed | | | | | | | | |
| Check | Report Period | Due Date | | | | | | |
| х | 2018-2 5/1/18-8/31/2 | 18 9/17/2018 | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 3. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary. | | | | | | | | |
| National Basketball Association First Energy Corporation | | | | | | | | |
| Major League Baseball Frontier Communications | | | | | | | | |
| 2. National Days I DDA | | | | | | | | |
| Mountaineer Park HBPA See attached Exhibit A Supplement Client L | | | | | | | | : Client L |
| 0 | | | | | | | | |
| | | | | | | | | |
| 4. Lobbying activity summary - If there was no activity or expenditures, indicate "none." Sports Wagering | | | | | | | | |
| Sports wagering | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| E Evnandituras | | | | | | | | |
| 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. | | | | | | | | |
| | diture Categories | Employer 1 | Employer 2 | Employer 3 | Employer 4 | Employer 5 | Employer 6 | Total Expended |
| A. | Meals and Beverages | \$ | | <u> </u> | <u> </u> | | | |
| В. | Lodging | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| C. | Advertising | \$ | \$ | \$ | | | \$ | \$ |
| D. | Travel | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| E. | Gifts | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| F. | Other Expenses | \$ | \$ | \$ | \$ | т | | 7 |
| G. | Group Expenditures | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Н. | Campaign Contributions | | | _ → KPENDED" COLU | | ٦ | \$ | \$ |
| I. | TOTAL of all expenditure | | \$ | \$ | Š | Ś | \$ | Ś |
| | | | | | tal expended in a | | | , |
| 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 | | | | | | | | |
| a violation of WV Code § 6B-3-9 to willfully and knowingly file a false or incomplete report. I further understand that if convicted of such an act, I | | | | | | | | |
| may be fined, sentenced to ail or both. | | | | | | | | |
| 10/4/0010 | | | | | | | | |
| Lobbyist Signature: Date: | | | | | | | | |
| | | | | | | | | |

EXHIBIT A

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ANGEL R. MOORE SUPPLEMENTAL CLIENT LIST Ethics Commission WV ETHICS COMMISSION LOBBYIST ACTIVITY REPORT FORM 2018-02

UNITED HEALTHCARE SERVICES, INC.
OPTUM, INC.
iSELECTMD WV
UNITED HEALTH CARE SYSTEMS, INC. (WVU HOSPITALS)
MEDEXPRESS URGENT CARE, INC.-WEST VIRGINIA
WV AMERICAN WATER

DRAFTKINGS, INC.

FANDUEL, INC.

PGA