**West Virginia Ethics Commission** 

## **Lobbyist Activity Report Form**

2019-03

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

304-558-0664 For office use only: No faxed copies

Days late \_

Postmark \_\_\_\_

Rec'd\_ Fine \_

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

| 1. Name and contact information   |  |                   |            |                         |            |                    |            |            |                |
|---|--|-------------------|------------|-------------------------|------------|--------------------|------------|------------|----------------|
| Name M. GREGORY HEFNER  |  |                   |            |                         |            | Phone 304-534-7344 |            |            |                |
| Name M. GREGORY HEFNER Phone 304-534-7344  Business Address 5001 NASA Blvd. Business Email Mhefner @first energy corp. co                     |  |                   |            |                         |            |                    |            |            | 194 COSP, Com  |
| 3/ 1  |  |                   |            |                         |            |                    |            |            |                |
| City, State Zip FAIRMONT, WV 26554  |  |                   |            |                         |            |                    |            |            |                |
| City, State Zip   |  |                   |            |                         |            |                    |            |            |                |
|   |  |                   |            |                         |            |                    |            |            |                |
|   | eporting period for which this activity report is being filed  |                   |            |                         |            |                    |            |            |                |
| Check   | -  | Period            | Due Date   | The same of the same of |            |                    |            |            |                |
| Х   | 2019-3   | 9/1/19 - 12/31/19 | 9 1/15/202 | )                       |            |                    |            | -          |                |
|   |  |                   |            |                         |            |                    |            |            |                |
|   |  |                   |            | -                       |            |                    |            |            |                |
| 3. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary.                             |  |                   |            |                         |            |                    |            |            |                |
| 1. First Energy 4.  |  |                   |            |                         |            |                    |            |            |                |
| _   |  |                   |            |                         |            |                    |            |            |                |
| 2   |  |                   |            |                         |            |                    |            |            |                |
| 3 6   |  |                   |            |                         |            |                    |            |            |                |
|   |  |                   |            |                         |            |                    |            |            |                |
| 4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."   |  |                   |            |                         |            |                    |            |            |                |
| ,   |  |                   |            |                         |            |                    |            |            |                |
| Issues Improting First Energy   |  |                   |            |                         |            |                    |            |            |                |
|   |  |                   |            |                         |            |                    |            |            |                |
|   |  |                   |            |                         |            |                    |            |            |                |
|   |  |                   |            |                         |            |                    |            |            |                |
| 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.  |  |                   |            |                         |            |                    |            |            |                |
| Expen   | diture Cate  | gories            | Employer 1 | Employer 2              | Employer 3 | Employer 4         | Employer 5 | Employer 6 | Total Expended |
| A.  | Meals and  | d Beverages       | 5-11-      | \$                      | \$         | \$                 | \$         | \$         | \$             |
| В.  | Lodging  |                   | 5-0-       | \$                      | \$         | \$                 | \$         | \$         | \$             |
| C.  | Advertising  |                   | \$ - 0 -   | \$                      | \$         | \$                 | \$         | \$         | \$             |
| D.  | Travel   |                   | \$ -0 -    | \$                      | \$         | \$                 | \$         | \$         | \$             |
| E.  | Gifts  |                   | \$ - 0 -   | \$                      | \$         | \$                 | \$         | \$         | \$             |
| F.  | Other Expenses   |                   |            | \$                      | \$         | \$                 | \$         | \$         | \$             |
| G.  | Group Expenditures   |                   | \$ -0 -    | \$                      | \$         | \$                 | \$         | \$         | \$             |
| Н.  | Campaign Contributions LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. |                   |            |                         |            |                    | \$         |            |                |
| I.  |  | 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  | attach a Schedule B for each event.                            |                   |            |                         |            |                    |            |            |                |