JAN 09 2020

WV Ethics Commission

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 No faxed copies
For office use only:
Postmark Rec'd

Fine .

Days late

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

						THE REAL PROPERTY OF THE PARTY					
ame _	Larry Puccio				_ Phone 3	a 304-288-0522					
usines	s Address PO Box	327		Bu		larrypuccio@yahoo.com					
ity, Sta	te Zip Fairmont, V	W 26555									
. Rep	porting period for wh	ich this activity	report is being filed								
heck	Report Period	Due	e Date								
x	2019-3 9/1/19 - 1	2/31/19 1/1	5/2020								
			ou represent as a lobb	yist	Us	additional rep	orting forms i	f necessary.			
1.	Charles Town H	BPA		, Fan	Duel, Inc.						
, [DraftKings Inc.				5. First Energy 6. Frontier Communications						
_	F.A.I.R Inc.										
3	.A.I.IX IIIC.			6.	mer Commit	IIICauoris					
		arγ - If there wa	as no activity or exper		e "none."						
		ary - If there wa	s no activity or exper		e "none."						
None		ary - If there wa	s no activity or exper		e "none."						
. Exp	penditures penditures, including pent money on any pu es per each employer	campaign conti iblic official, em r you represent.	ributions, mark here: ployee or member of Complete and attach	nditures, indicat	diate family, list this report.			_			
Exp no exp you sp ategorie	penditures penditures, including pent money on any pu es per each employer ture Categories	compaign conti ublic official, em r you represent. Employ	ributions, mark here: ployee or member of Complete and attach yer 1 Employer 2	his or her immed	diate family, list his report. Employer 4	Employer 5	Employer 6	Total Expende			
Exp	penditures penditures, including pent money on any pu es per each employer ture Categories Meals and Beverages	campaign conti ublic official, em ryou represent. Emplo	ributions, mark here: ployee or member of Complete and attach yer 1 Employer 2	his or her immed Schedule A to t Employer 3	diate family, list his report. Employer 4	Employer 5	Employer 6	Total Expende			
Exp	penditures penditures, including pent money on any pu es per each employer ture Categories Meals and Beverages Lodging	compaign contribility official, empryou represent. Employ	ributions, mark here: ployee or member of Complete and attach yer 1 Employer 2 \$ \$	his or her immed Schedule A to t Employer 3	diate family, list this report. Employer 4 \$	Employer 5	Employer 6 \$ \$	Total Expende \$ 35.85 \$			
Exp	penditures penditures, including pent money on any pu es per each employer ture Categories Meals and Beverages Lodging Advertising	compaign contribilities official, emproyeesent. Employ \$ \$ \$	ributions, mark here: ployee or member of Complete and attach yer 1 Employer 2 \$ \$ \$	his or her immed Schedule A to t Employer 3 \$ \$	diate family, list this report. Employer 4 \$ \$ \$	Employer 5 \$ \$ \$	Employer 6 \$ \$ \$	Total Expende \$ 35.85 \$			
Exp	penditures penditures, including pent money on any pu es per each employer ture Categories Meals and Beverages Lodging Advertising Travel	compaign contribution official, emprovement. Employ \$ \$ \$ \$	ributions, mark here: ployee or member of Complete and attach yer 1 Employer 2 \$ \$ \$ \$	his or her immed Schedule A to t Employer 3 \$ \$	diate family, list this report. Employer 4 \$ \$ \$ \$	Employer 5 \$ \$ \$ \$	Employer 6 \$ \$ \$ \$	Total Expende \$ 35.85 \$ \$			
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Exp	penditures penditures, including pent money on any pu es per each employer ture Categories Meals and Beverages Lodging Advertising Travel Gifts Other Expenses	compaign contriblic official, emiryou represent. Employ \$ \$ \$ \$ \$ \$ \$ \$	ributions, mark here: ployee or member of Complete and attach yer 1 Employer 2 \$ \$ \$ \$ \$ \$ \$ \$	his or her immed schedule A to t Employer 3 \$ \$ \$ \$	diate family, list this report. Employer 4 \$ \$ \$ \$ \$ \$ \$	Employer 5 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Employer 6 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Total Expende \$ 35.85 \$ \$ \$ \$ \$			
Exp f no exp you sp ategoric expendit (penditures penditures, including pent money on any pu es per each employer ture Categories Meals and Beverages Lodging Advertising Travel Gifts Other Expenses Group Expenditures	campaign contriblic official, emiryou represent. Employ \$ \$ \$ \$ \$ \$ \$ \$ \$	ributions, mark here: ployee or member of Complete and attach yer 1 Employer 2 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	his or her immed Schedule A to t Employer 3 \$ \$ \$ \$ \$ \$	diate family, list this report. Employer 4 \$ \$ \$ \$ \$ \$ \$	Employer 5 \$ \$ \$ \$ \$	Employer 6 \$ \$ \$ \$ \$ \$	Total Expende \$ 35.85 \$ \$ \$ \$ \$			
Exprisone System	penditures penditures, including pent money on any pu es per each employer ture Categories Meals and Beverages Lodging Advertising Travel Gifts Other Expenses	compaign contribition official, emit you represent. Employ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ributions, mark here: ployee or member of Complete and attach yer 1 Employer 2 \$ \$ \$ \$ \$ \$ \$ \$	his or her immed Schedule A to t Employer 3 \$ \$ \$ \$ \$ \$	diate family, list this report. Employer 4 \$ \$ \$ \$ \$ \$ \$	Employer 5 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Employer 6 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Total Expende \$ 35.85 \$ \$ \$ \$ \$			

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attach a Schedule B for each event.

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Postmark _____ Rec'd _____ Days late _____ Fine ____

Name and contact information Name Larry Puccio Phone 304-288-0522 Business Address PO Box 327 Business Email larrypuccio@yahoo.com City, State Zip Fairmont, WV 26555 Reporting period for which this activity report is being filed Check Report | Period **Due Date** 2019-3 9/1/19 - 12/31/19 1/15/2020 List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary. Google Inc. WV Hospitality & Travel Association Optum, Inc. 2. The Greenbrier Hotel 3. Harvest Care Medical, LLC **REM WV LLC** Lobbying activity summary - If there was no activity or expenditures, indicate "none." **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 Total Expended** Employer 1 Employer 2 **Employer 4** Employer 5 Employer 6 Meals and Beverages \$ \$ B. \$ \$ \$ Lodging \$ \$ \$ \$ \$ C. Advertising \$ \$ \$ \$ \$ \$ Travel \$ D. \$ \$ \$ \$ \$ \$ Gifts \$ E. \$ \$ \$ \$ \$ \$ F. Other Expenses \$ \$ \$ \$ \$ G. **Group Expenditures** \$ \$ \$ \$ \$ H. \$ **Campaign Contributions** LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. **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



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1. N	ame and contact information										
Name Larry Puccio					Phone 304-288-0522						
Durley	ss Address PO Box 327			_			ahoo com				
Busine	ss Address			Bu	Business Email larrypuccio@yahoo.com						
City, St	Fairmont, WV 26	555									
2. R	eporting period for which this	activity report	is being filed								
Check	Report Period	Due Date	AND THE REAL PROPERTY.		7 TO 10 TO 1						
×	2019-3 9/1/19 - 12/31/1	1/15/2020									
			THE REAL PROPERTY.								
			SIFE								
3. Li	st all employers/organization	s that you repr	esent as a lobb	vist	Usa	e additional rep	ortina forms i	necessary.			
	Southern Coal Corpor				tex Non Profi						
1000											
	St Mary's Medical				_{5.} WVU United Healthcare						
3.	Thompson Construct	ion		6. Unit	6. United Healthcare, Inc.						
4. Lo	bbying activity summary - If	here was no a	ctivity or evner	ditures indicat	9 "none "						
L	boying activity summing y - II	illere was ito a	ctivity or expen	idital es, ilidicat	e none.						
5. Ex	penditures										
If no ex	xpenditures, including campa	an contributio	ns. mark here:								
	pent money on any public off	_		The state of the s	diate family, list	the amounts sp	ent in each of t	he following			
	ries per each employer you re							•			
Expen	diture Categories	Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended			
A.	Meals and Beverages	\$	\$	\$	\$	\$	\$	\$			
В.	Lodging	\$	\$	\$	\$	\$	\$	\$			
C.	Advertising	\$	\$	\$	\$	\$	\$	\$			
D.	Travel	\$	\$	\$	\$	\$	\$	\$			
E.	Gifts	\$	\$	\$	\$	\$	\$	\$			
F.	Other Expenses	\$	\$	\$	\$	\$	\$	\$			
G.	Group Expenditures	\$	\$	\$	\$	\$	\$	\$			
H.	Campaign Contributions	LIST AMOUN	T IN "TOTAL EX	PENDED" COLU	MN.			\$			
1.	TOTAL of all expenditures	\$	\$	\$	\$	\$	\$	\$			
19. 20	ponsored or contributed to a	ny group event	or shared expe	nses, list the tot	al expended in c	ategory 5G imm	nediately above	e. Complete and			

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1. Name and contact information											
Name	PO Boy 327				Phone 304-288-0522						
Busine	PO Box 327			Bu	Business Email larrypuccio@yahoo.com						
City, State Zip Fairmont, WV 26555											
2. R	eporting period for which this	activity report	t is being filed								
Check	Report Period	Due Date									
×	2019-3 9/1/19 - 12/31/1		The second second second second								
3. Li	st all employers/organization	that you ren	esent as a lobb	wist	lls	e additional rep	ortina forms if	necessary			
	Urgent Care MSO LLO				Health Sys		ortang jorans ij	necessary.			
				4. 187	Thouast Oyo	torrio					
	W Global Technolo			5							
3.	Ecosystem Investme	nt Partners	8	6.	6						
4. Lo	obbying activity summary - If	horo was no n	ethilti or ovnor	diturne Indiant	"none"						
		illere was no a	ctivity or exper	iditures, maicati	e none.						
Non	E										
5. E	kpenditures										
If no e.	xpenditures, including campa	gn contributio	ns, mark here:								
	spent money on any public off				diate family, list t	the amounts sp	ent in each of t	he following			
	ries per each employer you re					anti control in transcription dell'international de					
Expen	diture 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	\$	\$	\$	\$	\$	\$	\$			
Н.	Campaign Contributions			(PENDED" COLU	7			\$			
1.	TOTAL of all expenditures	\$	\$	\$	\$	\$	\$	\$			
	sponsored or contributed to a	ny group event	or shared expe	nses, list the tot	al expended in c	ategory 5G imn	nediately above	e. Complete and			

		Name: La	arry Puccio				Date: _	1/7/20	
Schedule A: WV Lol (Attach this completed shee								, , , , ,	
Complete this form if you ha during this reporting period. Gifts, (5) Other Expenditures	If you have mad	e expenditure	s in these categ	ories - (1) A	1eals & Bev				
If you shared any of these ex name. You are not required contributions] and Group En Schedule B.	to report on Sche	edule A detaile	ed expenditures	on Adverti	sing, Contri	butions [incl	uding po	olitical	
1. Expenditu re Details	- (include shared	expenditures	not reported o	n Schedule	B)				
Report all expenditures in ar those reported in Section 1a reported on Schedule B. Tra	ny of the categoria or 2 (below) or a ansfer the totals to	es listed below any portion of o section 5 on	on a particula a "Group Enter the Lobbyist A	r person or tainment" (ctivity Repo	member of OR "Shared	Expense" ev	ent whi	ch are to be	
lobbyist, identify who shared Recipient name(s) and date		1	1		Cife	Othor	Tota	.1 &	
Recipient name(s) and date	or expenditure	Meals & beverages	Lodging	Travel	Gifts	Other	Tota	ended	
Mitch Carmichael - 11/	/01/2019	\$35.85					expe	\$35.85	
TOTAL Expendit	ures	\$35.85		1				\$35.85	
1a Gifts (Group)									
Ordinarily gifts to individual of the House or Senate, the									
group it was given and the to									
Transfer the total cost to the									
Describe the gift(s) Whice		ch employer provided the gift?		Which gr	Which group received the gift?			Total cost of gift(s	
								.00	
2. Participation in a Pa	nel or Speakin	ng Engageme	ent						
Report expenditures on a pa								ıal's	
participation in a panel or sp								Total ¢	
Recipient name and event	Meals & beverages	Lodging	Travel	Gifts	& oth	duled entertai ner	nment	Total \$ expended	
								.00	

3. Subjects of Lobbying

For each recipient identified in 1, 1a & 2 above, explain briefly the subjects of lobbying. List the individual or group recipient and then the subject matter of the lobbying. Example: "Del. Joe Jones – Health Care" or "House Finance Committee - Environment." Mitch Carmichael - Only breakfast - nothing discussed	