Received

SEP 15 2021

WV Ethics Commission

West Virginia Ethics Commission

Lobbyist Activity Report Form

2021-02

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

1. N	ame and cont	act information								
	Gregory	Hover				- 3	304206838	3		
Name Gregory Hoyer						Phone 3042068383				
Addre	ss 414 Sun	nmers Stree	et			Email ghoyer@dgoc.com				
City, S	tate Zip Cha	arleston WV	25301							
2. R	eporting perio	od for which this	activity report	is being filed						
Check	1	Period	Due Date							
X		5/1/21-8/31/21	9/15/21							
3. Li	st all employe	ers/organizations	that you repr	esent as a lobb	yist	Use	e additional rep	orting forms if	f necessary.	
1	Diversifie	ed Energy			A					
2.					5					
3.					6					
	hhving activit	ty summary - If t	here was no a	ctivity or exper	nditures indicate	e "none."				
4. L	obbying activity	ty summary - if th	here was no a	ctivity or exper	nditures, indicato	e "none."				
4. Le			here was no a	ctivity or exper	nditures, indicat	e "none."				
4. Li Ene	rgy/ Natur	al Gas				e "none."				
4. Le Ene 5. E If no e If you	xpenditures, in spent money of	ncluding campaig	gn contributio cial, employee	ns, mark here: or member of	his or her immed	diate family, list	the amounts sp	ent in each of t	the following	
5. E If no e If you catego	xpenditures xpenditures, in spent money corries per each of	ncluding campaigon any public officemployer you rep	gn contributio cial, employee	ns, mark here: or member of	his or her immed	diate family, list	the amounts sp	ent in each of t	he following Total Expended	
5. E If no e If you catego	xpenditures xpenditures, in spent money cories per each of	ncluding campaigon any public officemployer you repries	<i>gn contributio</i> cial, employee present. Comp	ns, mark here: or member of elete and attach	his or her immed Schedule A to t	diate family, list his report.				
5. E If no e If you catego Expen	xpenditures xpenditures, in spent money corries per each of	ncluding campaigon any public officemployer you repries	<i>gn contributio</i> cial, employee oresent. Comp Employer 1	ns, mark here: or member of elete and attach Employer 2	his or her immed Schedule A to t Employer 3	diate family, list his report. Employer 4	Employer 5	Employer 6	Total Expended	
4. Lo Ene 5. E If no e If you catego Expen A.	xpenditures xpenditures, in spent money corries per each of diture Categor Meals and B	ncluding campaigon any public officemployer you repries	gn contributio cial, employee oresent. Comp Employer 1 \$20.87	ns, mark here: or member of olete and attach Employer 2	his or her immed Schedule A to t Employer 3	diate family, list his report. Employer 4	Employer 5	Employer 6	Total Expended	
5. E If no e If you catego Expen A. B.	xpenditures xpenditures, in spent money of ories per each of diture Categor Meals and B Lodging	ncluding campaigon any public officemployer you repries	gn contributio cial, employee present. Comp Employer 1 \$20.87 \$	ns, mark here: or member of elete and attach Employer 2 \$	his or her immed Schedule A to t Employer 3 \$ \$	diate family, list this report. Employer 4 \$	Employer 5 \$	Employer 6 \$ \$	Total Expended \$	
5. E If no e If you catego Expen A. B. C.	xpenditures xpenditures, in spent money of ories per each of diture Categor Meals and B Lodging Advertising	ncluding campaigon any public officemployer you repries	gn contributio cial, employee present. Comp Employer 1 \$20.87 \$	ns, mark here: or member of elete and attach Employer 2 \$ \$ \$	his or her immed Schedule A to t Employer 3 \$ \$	diate family, list this report. Employer 4 \$ \$ \$	Employer 5 \$ \$ \$	Employer 6 \$ \$ \$	Total Expended \$ \$ \$	
5. E If no e If you catego Expen A. B. C. D.	xpenditures xpenditures, in spent money of diture Categor Meals and B Lodging Advertising	ncluding campaig on any public officemployer you repries everages	gn contributio cial, employee present. Comp Employer 1 \$20.87 \$ \$	ns, mark here: or member of elete and attach Employer 2 \$ \$ \$ \$	his or her immed Schedule A to t Employer 3 \$ \$ \$	diate family, list this report. Employer 4 \$ \$ \$ \$	Employer 5 \$ \$ \$ \$	Employer 6 \$ \$ \$ \$ \$	Total Expended \$ \$ \$ \$ \$	
5. E If no e Expen A. B. C. D. E.	xpenditures xpenditures, in spent money of ories per each of diture Categor Meals and B Lodging Advertising Travel Gifts	ncluding campais on any public officemployer you repries everages	gn contributio cial, employee present. Comp Employer 1 \$20.87 \$ \$ \$	ns, mark here: or member of elete and attach Employer 2 \$ \$ \$ \$ \$	his or her immed Schedule A to t Employer 3 \$ \$ \$	diate family, list this report. Employer 4 \$ \$ \$ \$ \$	Employer 5 \$ \$ \$ \$ \$ \$	Employer 6 \$ \$ \$ \$ \$ \$ \$	Total Expended \$ \$ \$ \$ \$ \$ \$	
5. E If no e Expen A. B. C. D. E. F.	xpenditures xpenditures, in spent money cories per each of diture Categor Meals and B Lodging Advertising Travel Gifts Other Expen	ncluding campaign on any public officemployer you repries everages	gn contributio cial, employee present. Comp Employer 1 \$20.87 \$ \$ \$ \$ \$ \$	ns, mark here: or member of elete and attach Employer 2 \$ \$ \$ \$ \$ \$ \$ \$ \$	his or her immed Schedule A to t Employer 3 \$ \$ \$ \$	diate family, list this report. Employer 4 \$ \$ \$ \$ \$ \$ \$ \$	Employer 5 \$ \$ \$ \$ \$ \$ \$ \$	Employer 6 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Total Expended \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	

Continued on page 2

	Name: Gregory Hoyer						Date: 9/15/21		
Schedule A: WV Lob (Attach this completed sheet									
Complete this form if you have				group ent	ertainment	on a public	official o	or employee	
during this reporting period. Gifts, (5) Other Expenditures	If you have mad	de expenditures	in these categ	ories - (1) A	Aeals & Bev				
If you shared any of these ex name. You are not required contributions] and Group Ent Schedule B.	to report on Sch	edule A detaile	d expenditures	on Adverti	sing, Contri	butions (inc	luding p	olitical	
1. Expenditure Details	- (include shared	d expenditures	not reported o	n Schedule	B)				
Report all expenditures in an	y of the categor	ies listed below	on a particular	person or	member of	their immed	diate far	nily EXCEPT	
those reported in Section 1a									
reported on Schedule B. Tra									
lobbyist, identify who shared	the cost in the	area below eac	h recipient's na	me.				2	
Recipient name(s) and date of	of expenditure	Meals & beverages	Lodging	Travel	Gifts	Other	Tota	al \$ ended	
Riley Moore 7/3/21 Soho's (CCharleston	20.87					CAP	20.87	
TOTAL Expendit	ures							20.87	
1a Gifts (Group)									
Ordinarily gifts to individual I	_			-	_				
of the House or Senate, the		-							
group it was given and the to Transfer the total cost to the			•	received to	ne giπ, only	tne name o	t the gro	oup.	
Describe the gift(s)	n employer pro		Which group received the gift?			Total cost of gift(s)			
441110		remployer pro-	vided the gire.	Trincing Four Feetives the Site.			, otto oost or g.r.t(o)		
2. Participation in a Par	nel or Speaki	ng Engageme	ent						
Report expenditures on a pa	•	_						ual's	
participation in a panel or sp								1 - 14	
Recipient name and event	Meals &	Lodging	Travel	Gifts	Scher	duled entertai	inment	Total \$ expended	
	beverages				& Ott	ier		experided	
3. Subjects of Lobbying	,								
		ua avalal- bat-	fly the auticat	of labbuilt	w	adividual a-	arous -	ncinient and	
For each recipient identified then the subject matter of the									
Energy/Natural Gas	ie ioobyilig. Exa	imple. Del. Jue	Jones - Health	Care Of	I TOUSE FIIId	THE COMMISSION	ee - LIII	Omnent	