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By WV Ethics Commission at 2:59 pm, May 15, 2024

West Virginia Ethics Commission

Lobbyist Activity Report Form

2024-1

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

304-558-0664 For office use only:

Postmark_____ Days late_____ No faxed copies

Rec'd_

_Fine ___

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

| 1. Name and contact information | | | | | | | | | | |
|---|---|---|------------|------------|------------|--------------------------------------|------------|------------|----------------|--|
| Name | | | | | | Phone 304 345 8121 | | | | |
| Address 106 Capitol Street | | | | | | Email angel@moorefirmofcharleston.co | | | | |
| Address Email angular motorial motorial motorial angular motorial | | | | | | | | | | |
| Objection MAY 05204 | | | | | | | | | | |
| City, State Zip Charleston, WV 25301 | | | | | | | | | | |
| | | | | | | | | | | |
| 2. Reporting period for which this activity report is being filed | | | | | | | | | | |
| Check | Report | Period | Due Date | | | | | | | |
| X | 2024-1 | 1/1/24-4/30/24 | 5/15/2024 | | | | | | | |
| | | | | _ | | | | | | |
| | | | | | | | | | | |
| 3. Li | 3. List all employers/organizations that you represent as a lobbyist | | | | | | | | | |
| 1 | Alpha Metallurgical Resources, inc. 4 Urgent Care MSO LLC aka MedExpress | | | | | | | | | |
| | 2. Mountaineer Park HBPA 5. United HealthCare Services, Inc. | | | | | | | | | |
| | | | | | | | | | | |
| 3. | Optum, Inc. 6. See Exhibit A | | | | | | | | | |
| | | | | | | | | | | |
| 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. | | | | | | | | | | |
| - | diture Categ | | Employer 1 | Employer 2 | Employer 3 | Employer 4 | Employer 5 | Employer 6 | Total Expended | |
| Α. | | Beverages | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| B. | Lodging | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| C. | Advertising | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| D. | Travel | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| E. | Gifts Other Expenses | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| F. G. | Group Exp | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| | | | | | | | ٦ | , | \$6,000.00 | |
| H. | | Campaign Contributions LIST AMOUNT IN "TOTAL EXPENDE TOTAL of all expenditures \$ \$ \$ | | | | Ś | \$ | Ś | \$\$6,000.00 | |
| | | • | • | • | 1 ' | | - | | . , | |
| 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. | | | | | | | | | | |

WV Lobbyist Report 2004-3

Final Audit Report 2024-05-15

Created: 2024-05-14

By: Jana Tetrault (jana@moorefirmofcharleston.com)

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