

Received

SEP 15 2020

West Virginia Ethics Commission

WV Ethics Commission

# Lobbyist Activity Report Form

2020-02

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 \_\_\_\_\_  
 Days late \_\_\_\_\_ Fine \_\_\_\_\_

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

**1. Name and contact information**

Name NATHAN T. SPADE Phone (717) 574-1272  
 Business Address c/o Ann Tinker, UnitedHealth Group, Inc. Business Email nate\_spade@uhg  
2716 N. Tenaya Way  
 City, State Zip Las Vegas, NV 89128

**2. Reporting period for which this activity report is being filed**

Check	Report	Period	Due Date				
x	2020-2	5/1/20 - 8/31/20	9/15/2020				

**3. List all employers/organizations that you represent as a lobbyist** *Use additional reporting forms if necessary.*

1. Optum, Inc. 4. \_\_\_\_\_  
 2. United HealthCare Services, Inc. 5. \_\_\_\_\_  
 3. Urgent Care MSO, LLC aka Med Express 6. \_\_\_\_\_

**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.

Expenditure 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	\$	\$	\$	\$	\$	\$	\$
H. Campaign Contributions	<i>LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.</i>						\$
I. TOTAL of all expenditures	\$	\$	\$	\$	\$	\$	\$ 0.00

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.