Received

JAN 04 2021

WV Ethics Commission

West Virginia Ethics Commission

Lobbyist Activity Report Form

2020-03

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

 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:

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 Rec'd

 Days late
 Fine

1. Name and contact information	
Name Thomas Bailey	Phone 304-542-4698
Business Address 902 Jackson Road	Business Email tommy.bailey1@gmail.com
City, State Zip Saint Albans, WV 25177	

Check	Report	Period	Due Date	1		
x	2020-3	9/1/20 - 12/31/20	1/15/2021			

List all employers/organizations that you represent as a lobbyist	Use additional reporting forms if necess		
1. Vance Family Services	4		
2. Veltex Corporation	S		
3. Alpha Technologies	6		
	1. Vance Family Services 2. Veltex Corporation	1. Vance Family Services 4. 2. Veltex Corporation s.	

4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."
Vance Family Services - work with Dept of Commerce on VFS WorkForce issue; Veltex - introduction to DHHR officials to offer pro-bono Veltex consultation services; Alpha Technologies - discussion with legislators in Cabell/Wayne Counties regarding broadband expansion efforts

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. Employer 1 Employer 2 **Employer 3 Employer 4** Employer 5 Employer 6 **Total Expended Expenditure Categories** \$ \$ \$ \$ \$ \$ A. Meals and Beverages \$ \$ \$ \$ \$ \$ \$ \$ B. Lodging \$ \$ C. Advertising \$ \$ \$ \$ \$ \$ \$ \$ Ś \$ \$ \$ D. Travel \$ Ś \$ \$ \$ \$ E. Gifts \$ \$ F. Other Expenses \$ \$ \$ \$ \$ \$ Ś \$ \$ \$ \$ \$ Ś **Group Expenditures** G. \$ LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. H. **Campaign Contributions** \$ \$ \$ \$ \$ \$ **TOTAL of all expenditures** \$ ١. 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.