

Lobbyist Activity Report Form

2018-03

Received
JAN 15 2019
WV Ethics Commission

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 R. Philip Shimer Phone (304) 345-1161
 Address 1210 Kanawha Blvd., E. Email philshimer@tsgsolution.com
 City, State Zip Charleston, WV 25301

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

| Check | Report | Period | Due Date | | | | |
|-------|--------|-----------------|-----------|--|--|--|--|
| x | 2018-3 | 9/1/18-12/31/18 | 1/15/2019 | | | | |

3. List all employers/organizations that you represent as a lobbyist

Use additional reporting forms if necessary.

- | | |
|--|----------------------------------|
| 1. <u>WV Behavioral Health Providers" Association</u> | 4. <u>Roane General Hospital</u> |
| 2. <u>Kanawha County Emergency Ambulance Authority</u> | 5. _____ |
| 3. <u>Jan-Care Ambulance</u> | 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 | \$ | \$ | \$ | \$ | \$ | \$ | \$ |

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.

6. Lobbyist certification - Please read and sign below.

To the best of my knowledge, the information contained hereon and on any attached materials is true, correct and complete. I understand that it is a violation of WV Code §6B-3-9 to willfully and knowingly file a false or incomplete report. I further understand that if convicted of such an act, I may be fined, sentenced to jail or both.

Lobbyist Signature: *R. Philip Shimer* Date: January 15, 2019