

Received

JAN 15 2021

WV Ethics Commission

West Virginia Ethics Commission

Lobbyist Activity Report Form

2020-03

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 Thomas Susman

Phone 3045522064

Business Address 1210 Kanwha Boulevard Ea

Business Email

City, State Zip Charleston, WV 25301

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

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

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

Use additional reporting forms if necessary.

- 1. Appalachian Regional Health
- 2. Apple
- 3. Behavioal Health/WV

- 4. Carfax
- 5. Health Management Sytems
- 6. Hospice Council/ WV

4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."

Healthcare, General Law, Covid 19

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	LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.						\$
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.

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1. Name and contact information

Name Thomas Susman Phone 3045522064  
 Business Address 1210 Kanwha Boulevard Ea Business Email Tomsusman@tsqsolution  
 City, State Zip Charleston, WV 25301

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

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

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

1. <u>Health Right/WV</u>	4. <u>Kanawaha County Emergency</u>
2. <u>Incident Clear</u>	5. <u>Local Health Association / WV</u>
3. <u>Jan Care Ambulance</u>	6. <u>Molira</u>


4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."

Healthcare, General Law, Covid 19, highways

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	LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. 						\$
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.

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**1. Name and contact information**

Name Thomas Susman Phone 3045522064  
 Business Address 1210 Kanwha Boulevard East Business Email Tomsusman@tsqsolution  
 City, State Zip Charleston, WV 25301

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

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

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

*Use additional reporting forms if necessary.*

- |                                       |                                      |
|---------------------------------------|--------------------------------------|
| 1. <u>Northwood Health Systems</u>    | 4. <u>Rural Health Association</u>   |
| 2. <u>Real Estate Valuation Assoc</u> | 5. <u>Shiben Estates</u>             |
| 3. <u>Roane General</u>               | 6. <u>The American Law Institute</u> |

**4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."**

Healthcare, General Law, Covid 19,

**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.

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

1. Trane 4. Self  
 2. Veretex 5. \_\_\_\_\_  
 3. WV Community Partnership 6. \_\_\_\_\_

4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."

Healthcare, General Law, Covid 19,

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	LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.						\$ 322,100
I. TOTAL of all expenditures	\$	\$	\$	\$	\$	\$	\$ 332,100

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.