

Lobbyist Activity Report Form

2017-02

Hand Delivered

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 118 Capitol St., E. #100

Email philshimer@tsgsolution.com

City, State Zip Charleston, WV 25301

Received
 SEP 15 2017
 WV Ethics Commission

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

Check	Report	Period	Due Date				
x	2017-2	5/1/17-8/31/17	9/15/2017				

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

Use additional reporting forms if necessary.

- | | |
|-----------------------------------------------------------------|--------------------------------------------------------|
| 1. <u>West Virginia Behavioral Health Providers Association</u> | 4. <u>Kanawha County Emergency Ambulance Authority</u> |
| 2. <u>Roane General Hospital</u> | 5. _____ |
| 3. <u>Jan-Care Ambulance Services</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	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.

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