

West Virginia Ethics Commission

Received

Lobbyist Activity Report Form

JAN 12 2018

2017-03

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
 Address 1210 Kanawha Blvd.

 City, State Zip Charleston, WV 25301

Phone (304) 345-1161
 Email shimerphil@aol.com

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

Check	Report	Period	Due Date				
x	2017-3	9/1/17-12/31/17	1/15/2018				

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

Use additional reporting forms if necessary.

- | | |
|--|--|
| 1. <u>Jan-Care Ambulance Services Inc.</u> | 4. <u>West Virginia Behavioral Health Providers' Association</u> |
| 2. <u>Kanawha County Emergency Ambulance Authority</u> | 5. _____ |
| 3. <u>Roane General Hospital</u> | 6. _____ |

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

Activity included routine monitoring of and reporting to clients on the activities of various legislative interim committees; participating as warranted in such committee meetings; and in representation of client interests in various executive branch agency meetings.

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