

Lobbyist Activity Report Form SEP 19 2018

2018-02



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 9/17

Rec'd

Days late

Fine

OK
100

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

1. Name and contact information

Name Tom Susman Phone 304 345 1161

Address TS G CONSULTING Email Tom Susman @ TSG SOLUTIONS.COM

1710 KANAWHA BLD EAST

City, State Zip CHARLESTON WV 25301

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

Check	Report	Period	Due Date				
x	2018-2	5/1/18-8/31/18	9/17/2018				

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

- ALECTO
- APALACHIAN REGIONAL HEALTH
- APPLE
- BEHAVIORAL HEALTH PROVIDERS
- DELOITTE
- WV FREE & CLAIMABLE CLINICALS

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

HEALTH, EDUCATION, GEN LAW

BUDGET

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	\$ —	\$ —	\$ 114.83	\$ —	\$ —	\$ —	\$ 114.83
B. Lodging	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
C. Advertising	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
D. Travel	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
E. Gifts	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
F. Other Expenses	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
G. Group Expenditures	\$ —	\$ —	\$ 114.83	\$ —	\$ —	\$ —	\$ 114.83
H. Campaign Contributions	LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.						\$ 114.83
I. TOTAL of all expenditures	\$	\$	\$ 114.83	\$	\$	\$	\$ 114.83

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: [Signature] Date: 9/15/2018

Schedule A: WV Lobbyist Expenditure Details

(Attach this completed sheet to the Lobbyist Activity Report)

Complete this form if you have made or shared any expenditure **other** than group entertainment on a public official or employee during this reporting period. If you have made expenditures in these categories - (1) *Meals & Beverages*, (2) *Lodging*, (3) *Travel*, (4) *Gifts*, (5) *Other Expenditures* - list below, you must report it in sections 1 or 2 on this form.

If you shared any of these expenditures with another lobbyist, note who shared the expenditures in the area below the recipient's name. You are not required to report on Schedule A detailed expenditures on Advertising, Contributions [including political contributions] and Group Entertainment. Expenditures in those categories must be reported on the Lobbyist Activity Report and/or Schedule B.

1. Expenditure Details - (include shared expenditures not reported on Schedule B)

Report all expenditures in any of the categories listed below on a particular person or member of their immediate family EXCEPT those reported in Section 1a or 2 (below) or any portion of a "Group Entertainment" OR "Shared Expense" event which are to be reported on Schedule B. Transfer the totals to section 5 on the Lobbyist Activity Report. If you shared expenditures with another lobbyist, identify who shared the cost in the area below each recipient's name.

Recipient name(s) and date of expenditure	Meals & beverages	Lodging	Travel	Gifts	Other	Total \$ expended
PAUL ESPINOSA AUGUST 21 2018	114.83					114.83
TOTAL Expenditures						

1a Gifts (Group)

Ordinarily gifts to individual legislators must not exceed \$25. Gifts such as key chains, mugs, and calendars given to ALL members of the House or Senate, the entire Legislature or to standing or joint committees must be listed here. Describe the item, to which group it was given and the total cost. You need not list each legislator who received the gift, only the name of the group. Transfer the total cost to the Lobbyist Activity Report, section 5E.

Describe the gift(s)	Which employer provided the gift?	Which group received the gift?	Total cost of gift(s)

2. Participation in a Panel or Speaking Engagement

Report expenditures on a particular person in the categories listed below when such expenditure was for the individual's participation in a panel or speaking engagement. Transfer the totals to section 5 on the Lobbyist Activity Report.

Recipient name and event	Meals & beverages	Lodging	Travel	Gifts	Scheduled entertainment & other	Total \$ expended

3. Subjects of Lobbying

For each recipient identified in 1, 1a & 2 above, explain briefly the subjects of lobbying. List the individual or group recipient and then the subject matter of the lobbying. Example: "Del. Joe Jones - Health Care" or "House Finance Committee - Environment."

DELEGATE ESPINOSA - DISCUSSED Higher ED, Budget PUBLIC ED

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1. Name and contact information

Name Thomas Susman Phone 304 345 1161
 Address TSG CONSULTING Email TD@SUSMAN@TSG.SOLUTIONS.COM
1210 KANAWHA BVD EAST
 City, State Zip CHARLESTON WV 25301

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

Check	Report	Period	Due Date				
x	2018-2	5/1/18-8/31/18	9/17/2018				

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

1. ~~WV STATE~~ HUAC WOVIC GROUP 4. LOCAL HEALTH DEPT
 2. SAN CARL AMBULANCE 5. MONTH WOOD HEALTH
 3. KANAWHA COUNTY EMER. AMB. 6. OSTEOPLATHIC MEDICAL

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

EMS LOCAL HEALTH MENTAL HEALTH
GEN LAW BUDGET

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 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: _____ Date: 9/15/2018

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Name Thomas Susman Phone 704 345 1161
 Address 1210 KANAWHA BLVD EAST Email THOMAS.SUSMAN@TIGSOUTHWEST.COM
 City, State Zip CHARLESTON WV 25301

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1. ROANE GEN HOSP. 4. SELF
 2. SHIREN ESTATES 5. _____
 3. VENTEX 6. _____

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

LOCAL HEALTH, HEALTH, BUDGET

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.						\$ 1100.00
I. TOTAL of all expenditures	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1100.00

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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