

Received
 JAN 15 2020
 WV Ethics Commission

West Virginia Ethics Commission
Lobbyist Activity Report Form
 2019-03

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 304 552 2064
 Business Address 1210 Kanawha Blvd East Business Email tomsusman@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	2019-3	9/1/19 - 12/31/19	1/15/2020				

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

1. <u>Appalachian Regional Healthcare, Inc.</u>	4. <u>WV Health Right</u>
2. <u>Apple, Inc.</u>	5. <u>Incident Clear, LLC</u>
3. <u>Carfax</u>	6. <u>Jan-Care Ambulance</u>

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

Healthcare, Education, General 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	<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.

\$3463.40


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

1. <u>Kanawha County Emergency Ambulance Services</u>	4. <u>Molina</u>
2. <u>Hospice Council WV</u>	5. <u>Northwood Health Systems</u>
3. <u>Local health WV Association</u>	6. <u>Osteopathic Medial Association WV</u>

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

Healthcare, Education, General 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	\$ —	\$ —	\$ 184.60	\$ —	\$ —	\$ —	\$ 184.60
H. Campaign Contributions	<i>LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.</i>						\$ —
I. TOTAL of all expenditures	\$ —	\$ —	\$ 184.60	\$ —	\$ —	\$ —	\$ 184.60

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.

Schedule B: Group Entertainment & Shared Expenses

(Attach to the Lobbyist Activity Report)

Instructions: *Group Entertainment* functions include only the functions that fall within the following groups. Report expenditures for a dinner party, reception or other similar function if you invited ALL members of any of these four specific groups. Individual names of attendees do not need to be listed for these four specific groups.

- | | |
|---|-------------------------------------|
| 1. the Legislature | 3. either house of the Legislature |
| 2. a standing or select committee of either house | 4. a joint committee of both houses |

Use the worksheet below to figure the amount spent on legislators and other governmental officials and employees for each "event." Enter this amount on the Lobbyist Activity Report.

List each group event separately. **Make additional copies of this page if necessary.** Record total expenditures for each group event in **Section B**. You must then calculate and post on the Lobbyist Activity Report only the amount actually spent on public officials. If you share expenses with another reporting lobbyist, report only your portion of the expenses and list the names of other co-sponsors in **Section C** below.

Section A: Event Information

Lobbying expenses for entertainment of "OTHER" group events are reported in the "Meals & Beverages" category on the Lobbyist Activity Report Form. List the names of attendees on this form or attach additional information pages. If using this form, list the names in item 5 below, as well as other event information requested in items 1 through 4 and complete the Section B calculations.

1. Date of event: Dec. 12, 2019 Location: Cabell Huntington health Department
2. Type of event (reception, dinner, etc.): Lunch and Learn
3. Event sponsor: Cabell Huntington health and WVALHD (If you shared the sponsorship and expenses with others, you must also complete Section C below.)
4. Which of the following governmental groups were invited? All members of:
- | | |
|---|--|
| <input type="checkbox"/> a. the Legislature | <input type="checkbox"/> c. a standing or select committee of either house |
| <input type="checkbox"/> b. either house of the Legislature | <input type="checkbox"/> d. a joint committee of both houses |

OR

5. OTHER: If the event was not in one of the four specific groups listed above, you must list the names of all public employees or public officials in attendance here or on an attachment to this form. List attendees here:

See list

Section B: Calculate Reportable Expenses

Some calculations must be performed manually.

1. $\frac{495.03}{30} = \$ 16.50$
 (total cost of event) ÷ (total attendance) (per capita cost)

2. Number of governmental officials or employees in attendance:

$7 \times 16.50 = 115.50$ BOX 1
 (governmental attendees) x (per capita cost)

If this was a true Group Entertainment event and you were the sponsor, report the amount above as Group Entertainment on the Lobbyist Activity Report in Section 5G. If you shared expenses with others, complete section C below, and report only your portion of the cost. Note: If you classified the expenditure described in section A as "OTHER," it is reported on the Lobbyist Activity Report Form as a Meals & Beverages expense (5A), not as a "Group Expenditure" (5G).

Section C: Shared Sponsorship Expenses

1. Were any other lobbyists co-sponsors of this event? No (yes or no)
2. If yes, with how many others are sharing the cost? _____ List the names of all sponsors below:

3. What is your share of Box 1 above? \$ _____

BOX 2

Record that amount in Box 2 and on the Lobbyist Activity Report in Section 5G.



Cabell-Huntington Health Department



Annual Public Health Policy Roundtable

DATE: 12/12/2019

	NAME	ORGANIZATION
1.	Robert H Sweeney Jr.	Board member CHHD
2.	Mike Banning	U.S. Sen. Joe Manchin
3.	STEVE WILLIAMS	City of Huntington
4.	Keith Thomas	Cabell County Schools
5.	Scott Lemly	City of Huntington
6.	TED KEMPEMER JR	CITY of HTSN
7.	James Becker	Marshall Health
8.	Hayla S. Seay	Village of Barboursville
9.	Ann Reed	Village of Barboursville
10.	Berry K. Bickert	Cabell County EMS/LES
11.	Doug Adams	Cabell County EMS/LES
12.	M. G. May	Case 11 Co EMS/LES
13.	Chuck Zerkle	CCSD
14.	JOHN MAUST JR.	DELEGATE, 16th DIST
15.	Tom Susman	TSC

PO



Cabell-Huntington Health Department

Annual Public Health Policy Roundtable



DATE: 12/12/2019

NAME	ORGANIZATION
1. Leigh Pennington	Marshall University MPH.
2. Casey Wagner	Cabell - Huntington Health Dept.
3. Terece Miller	Cabell-Huntington Health Dept.
4. Robert A. Metts	Cabell-Huntington Health Dept.
5. Sherry Chantry	Cabell-Huntington Health Dept.
6. Kimberly Troncy	Cabell - Huntington Health Dept.
7. Kathleen Napier	CHHD
8. Elizabeth A. Adams	CHHD
9. Rachel Houston	United Way of the River Cities
10. Carol Bailey	United Way of the River Cities
11. Jana Storer	Faith Health Appalachia
12. Len Deutsch	Coalition for Tobacco Free Cabell Co. volunteers
13. Kelli Sobotta	Cabell County Commission
14. Liz Maczelski	CHHD
15. Dr. Kilkenny	CHHD

Schedule B: Group Entertainment & Shared Expenses

(Attach to the Lobbyist Activity Report)

Instructions: *Group Entertainment* functions include only the functions that fall within the following groups. Report expenditures for a dinner party, reception or other similar function if you invited ALL members of any of these four specific groups. Individual names of attendees do not need to be listed for these four specific groups.

- | | |
|---|-------------------------------------|
| 1. the Legislature | 3. either house of the Legislature |
| 2. a standing or select committee of either house | 4. a joint committee of both houses |

Use the worksheet below to figure the amount spent on legislators and other governmental officials and employees for each "event." Enter this amount on the Lobbyist Activity Report.

List each group event separately. **Make additional copies of this page if necessary.** Record total expenditures for each group event in **Section B**. You must then calculate and post on the Lobbyist Activity Report only the amount actually spent on public officials. If you share expenses with another reporting lobbyist, report only your portion of the expenses and list the names of other co-sponsors in **Section C** below.

Section A: Event Information

Lobbying expenses for entertainment of "OTHER" group events are reported in the "Meals & Beverages" category on the Lobbyist Activity Report Form. List the names of attendees on this form or attach additional information pages. If using this form, list the names in item 5 below, as well as other event information requested in items 1 through 4 and complete the Section B calculations.

- Date of event: November 14, 2019 Location: Raleigh County Health Department
 - Type of event (reception, dinner, etc.): Lunch and Learn
 - Event sponsor: WV Association of Local Health (If you shared the sponsorship and expenses with others, you must also complete Section C below.)
 - Which of the following governmental groups were invited? All members of:

<input type="checkbox"/> a. the Legislature	<input type="checkbox"/> c. a standing or select committee of either house
<input type="checkbox"/> b. either house of the Legislature	<input type="checkbox"/> d. a joint committee of both houses
- OR**
- OTHER: If the event was not in one of the four specific groups listed above, you must list the names of all public employees or public officials in attendance here or on an attachment to this form. List attendees here:
See attached list

Section B: Calculate Reportable Expenses

Some calculations must be performed manually.

1. $\frac{248.70}{(total\ cost\ of\ event)} \div \frac{18}{(total\ attendance)} = \$ 13.82$ (per capita cost)

2. Number of governmental officials or employees in attendance:

$\frac{5}{(governmental\ attendees)} \times \frac{13.82}{(per\ capita\ cost)} = \boxed{69.10\ BOX\ 1}$

If this was a true Group Entertainment event and you were the sponsor, report the amount above as Group Entertainment on the Lobbyist Activity Report in Section 5G. If you shared expenses with others, complete section C below, and report only your portion of the cost. Note: If you classified the expenditure described in section A as "OTHER," it is reported on the Lobbyist Activity Report Form as a Meals & Beverages expense (5A), not as a "Group Expenditure" (5G).

Section C: Shared Sponsorship Expenses

- Were any other lobbyists co-sponsors of this event? no (yes or no)
- If yes, with how many others are sharing the cost? _____ List the names of all sponsors below:

3. What is your share of Box 1 above? \$ _____

BOX 2

Record that amount in Box 2 and on the Lobbyist Activity Report in Section 5G.

Region One Collaboration
Public Health Roundtable Meeting
November 14, 2019

PO

	Name	Agency	E-mail address
	B. C. Bell	B. ACHD	brian.c.bell@wv.gov
1	Senator Sue Cline	State Senate	sue.cline1@century 21.com
	Jeri Harlan	FCHD	jeri.p.harlan@wv.gov
2	Tom Louisa	FCC	tomlouisa1@ymail.com
	Tia Humphreys	GCHD	tia.r.willie@wv.gov
	Shanna Crowe	GCHD	shanna.e.crowe@wv.gov
	Nikki Dolan	GCHD	nikki.b.dolan@wv.gov
	Shannon Hardee	McDowell Co HD	Shannon.r.hardee@wv.gov
	Tedra Parsons	McDowell Co. HD.	Tedra.A.Parsons@wv.gov
	Brenda Donithan	Mace C HD	Brenda.h.Donithan@wv.gov
	Gena L. Carter	Wyoming Co. HD.	gena.l.carter@wv.gov
	Crystal Simpson	Wyoming Co HD	Crystal.D.Simpson@wv.gov
	Chad Meador	Summers Co. HD	chad.e.meador@wv.gov
	Kelly Shreve	Marre Co. HD	kshreve@manroehealth center.com
3	Rollan Roberts	WV Senate	rollan.roberts@wvsenate.gov
4	Deborah Berry	Fay Co. Commission	Deborah.A.Berry@wv.gov
5	Denise Scalph	President, Fay Co. Comm.	deskewscalph@hotmail.com
	TOM SUSMAN	TSG	TOMsusman@TSG SOLUTIONS

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Name Thomas Susman Phone 304 552 2064
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2. Reporting period for which this activity report is being filed

Check	Report	Period	Due Date
x	2019-3	9/1/19 – 12/31/19	1/15/2020

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

1. <u>Real Estate Valuation Association</u>	4. <u>Shiben Estates</u>
2. <u>Roane General Hospital</u>	5. <u>Vertex</u>
3. <u>Rural Health Association WV</u>	6. <u>WV Community Action</u>

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

Healthcare, Education, General law, Budget, natural gas policy Pharmaceuticals

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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 478.80	\$ 478.80
H. Campaign Contributions	LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. 						\$ -
I. TOTAL of all expenditures	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 478.80

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.

Schedule B: Group Entertainment & Shared Expenses

(Attach to the Lobbyist Activity Report)

Instructions: *Group Entertainment* functions include only the functions that fall within the following groups. Report expenditures for a dinner party, reception or other similar function if you invited ALL members of any of these four specific groups. Individual names of attendees do not need to be listed for these four specific groups.

- | | |
|---|-------------------------------------|
| 1. the Legislature | 3. either house of the Legislature |
| 2. a standing or select committee of either house | 4. a joint committee of both houses |

Use the worksheet below to figure the amount spent on legislators and other governmental officials and employees for each "event." Enter this amount on the Lobbyist Activity Report.

List each group event separately. **Make additional copies of this page if necessary.** Record total expenditures for each group event in **Section B**. You must then calculate and post on the Lobbyist Activity Report only the amount actually spent on public officials. If you share expenses with another reporting lobbyist, report only your portion of the expenses and list the names of other co-sponsors in **Section C** below.

Section A: Event Information

Lobbying expenses for entertainment of "OTHER" group events are reported in the "Meals & Beverages" category on the Lobbyist Activity Report Form. List the names of attendees on this form or attach additional information pages. If using this form, list the names in item 5 below, as well as other event information requested in items 1 through 4 and complete the Section B calculations.

1. Date of event: November 18, 2019 Location: Lewis McMannus Room State Capitol
2. Type of event (reception, dinner, etc.): Reception
3. Event sponsor: West Virginia Community Action Partnership (If you shared the sponsorship and expenses with others, you must also complete Section C below.)
4. Which of the following governmental groups were invited? All members of:
- | | |
|---|--|
| <input checked="" type="checkbox"/> a. the Legislature | <input type="checkbox"/> c. a standing or select committee of either house |
| <input type="checkbox"/> b. either house of the Legislature | <input type="checkbox"/> d. a joint committee of both houses |
- OR**
5. OTHER: If the event was not in one of the four specific groups listed above, you must list the names of all public employees or public officials in attendance here or on an attachment to this form. List attendees here:
- _____
- _____

Section B: Calculate Reportable Expenses*Some calculations must be performed manually.*

$$1. \frac{550.76}{(\text{total cost of event})} \div \frac{46}{(\text{total attendance})} = \$ \frac{11.97}{(\text{per capita cost})}$$

2. Number of governmental officials or employees in attendance:

$$\frac{40}{(\text{governmental attendees})} \times \frac{11.97}{(\text{per capita cost})} = \boxed{478.80_{\text{BOX 1}}}$$

If this was a true Group Entertainment event and you were the sponsor, report the amount above as Group Entertainment on the Lobbyist Activity Report in Section 5G. If you shared expenses with others, complete section C below, and report only your portion of the cost. Note: If you classified the expenditure described in section A as "OTHER," it is reported on the Lobbyist Activity Report Form as a Meals & Beverages expense (5A), not as a "Group Expenditure" (5G).

Section C: Shared Sponsorship Expenses

1. Were any other lobbyists co-sponsors of this event? no (yes or no)
2. If yes, with how many others are sharing the cost? _____ List the names of all sponsors below:
- _____
- _____

3. What is your share of Box 1 above? \$ _____

Record that amount in Box 2 and on the Lobbyist Activity Report in Section 5G.

BOX 2

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Check	Report	Period	Due Date				
x	2019-3	9/1/19 – 12/31/19	1/15/2020				

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

1. Self 4. _____
 2. _____ 5. _____
 3. _____ 6. _____

4. Lobbying activity summary - If there was no activity or expenditures, indicate "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> 						\$ 2800
I. TOTAL of all expenditures	\$	\$	\$	\$	\$	\$	\$ 2800

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.