Received

SEP 23 2020

West Virginia Ethics Commission

WV Ethics Commission

Lobbyist Activity Report Form

2020-02

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

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 Postmark Fine

1. 1	Name and contact information	on						
Name	ame Thomas Susman				Phone 3045522064			
Busin	ess Address 1210 Kan	В	Business Email Tomsusman@tsgsolution.com					
City,	State Zip Charleston, V	VV 25301						
2. F	Reporting period for which the	nis activity repor	t is being filed					
Check		Due Date				I		
х	2020-2 5/1/20 - 8/31/20	9/15/202	0					
					145.14.1			
3. L	ist all employers/organization	ons that you ren	resent as a lobb	ovist	115	e additional re	norting forms	if necessary.
-	Appalachian Regi			4. Ca		e suamonario	sorting joins	y necessary.
						romont Cv	atomo	
	Apple			5E	ealth Manag	gernent Sy:	sterris	
3	Behaviroal Health	WV		6. Ho	spice Cour	ncil		
	Bulget Ge	venal (AW	EDUCA	TION	HEAL	TICAN	4
5. E	xpenditures							
	xpenditures	ajan contributio	ns mark here:					
<i>If no e</i> If you	expenditures expenditures, including camp spent money on any public o pries per each employer you	fficial, employee	or member of	his or her immed		the amounts sp	ent in each of t	the following
If no e	expenditures, including camp spent money on any public o	fficial, employee	or member of	his or her immed		the amounts sp	ent in each of t	the following Total Expended
If no e	expenditures, including camp spent money on any public o ories per each employer you	fficial, employee represent. Comp	or member of plete and attach	his or her immed Schedule A to t	his report.		T	
If no e If you catego Expen	expenditures, including camp spent money on any public o pries per each employer you diture Categories	fficial, employee represent. Comp Employer 1	or member of plete and attach Employer 2	his or her immed Schedule A to t Employer 3	his report. Employer 4	Employer 5	Employer 6	Total Expended
If no e If you catego Expen A.	spenditures, including camp spent money on any public o pries per each employer you diture Categories Meals and Beverages	fficial, employee represent. Comp Employer 1	or member of plete and attach Employer 2	his or her immed Schedule A to t Employer 3	his report. Employer 4 \$	Employer 5	Employer 6	Total Expended
If no e If you catego Expen A. B.	spenditures, including camp spent money on any public o pries per each employer you i diture Categories Meals and Beverages Lodging	fficial, employee represent. Comp Employer 1 \$ \$	or member of blete and attach Employer 2 \$	his or her immed Schedule A to t Employer 3 \$	his report. Employer 4 \$	Employer 5 \$	Employer 6 \$ \$	Total Expended \$
If no e If you catego Expen A. B. C.	expenditures, including camp spent money on any public o pries per each employer you i diture Categories Meals and Beverages Lodging Advertising	fficial, employee represent. Comp Employer 1 \$ \$ \$	or member of plete and attach Employer 2 \$ \$ \$	his or her imme Schedule A to t Employer 3 \$ \$ \$	Employer 4 \$ \$ \$ \$	Employer 5 \$ \$ \$	Employer 6 \$ \$ \$	Total Expended \$ \$ \$
If you catego Expen A. B. C.	expenditures, including camp spent money on any public of pries per each employer your diture Categories Meals and Beverages Lodging Advertising Travel	fficial, employee represent. Comp Employer 1 \$ \$ \$ \$	or member of plete and attach Employer 2 \$ \$ \$ \$	his or her immer Schedule A to t Employer 3 \$ \$ \$ \$	Employer 4 \$ \$ \$ \$ \$ \$	Employer 5 \$ \$ \$ \$	Employer 6 \$ \$ \$ \$	Total Expended \$ \$ \$ \$ \$ \$
If no e If you catego Expen A. B. C. D. E.	expenditures, including camp spent money on any public of pries per each employer you in diture Categories Meals and Beverages Lodging Advertising Travel Gifts	fficial, employee represent. Comp Employer 1 \$ \$ \$ \$ \$ \$ \$	or member of blete and attach Employer 2 \$ \$ \$ \$ \$	his or her immed Schedule A to t Employer 3 \$ \$ \$ \$ \$	Employer 4 \$ \$ \$ \$ \$ \$ \$ \$	Employer 5 \$ \$ \$ \$ \$	Employer 6 \$ \$ \$ \$ \$	Total Expended \$ \$ \$ \$ \$ \$ \$ \$
If no e If you catego Expen A. B. C. D. E.	expenditures, including camp spent money on any public of pries per each employer you in diture Categories Meals and Beverages Lodging Advertising Travel Gifts Other Expenses	fficial, employee represent. Comp Employer 1 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	or member of plete and attach Employer 2 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	his or her immed Schedule A to t Employer 3 \$ \$ \$ \$ \$ \$ \$	his report. Employer 4 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Employer 5 \$ \$ \$ \$ \$ \$ \$ \$	Employer 6 \$ \$ \$ \$ \$ \$ \$ \$	Total Expended \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

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210 Brooks St., Ste. 300
Charleston, WV 25301
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1. 1	Name and contact information	n							
Name	Thomas Susman				Phone	3045522064	1		
Business Address 1210 Kanawah Blvd East					Business Email Tomsusman@tsgsolution.com				
Business Address				В	Business EmailTOTTSUSTRATION (SQSOID)				
City, S	State Zip Charleston, W	V 25301							
2. F	Reporting period for which thi	s activity report	is being filed						
Check	Report Period	Due Date							
х	2020-2 5/1/20 - 8/31/20	9/15/2020							
					310 11 20				
. L	ist all employers/organization	ns that you repr	esent as a lobb	yist	Us	e additional re	porting forms i	f necessary.	
1	Health Right/WV				nawha Cou	inty Emerg	ency Amb	ulance	
2. Incident Clear				5 -0	5. Local Health Association/WV				
	Jan Care Ambulan	ce			olina Health				
3 . L	Jan Care Ambuland	there was no ac		6. Mo	olina Health				
з I. L Ge	Jan Care Ambuland obbying activity summary - If neral Law, Heath Ca	there was no ac		6. Mo	olina Health				
3 1. L Ge	Jan Care Ambuland obbying activity summary - If neral Law, Heath Ca	there was no ac re Budget ,	Highway	6. Mo	olina Health				
i. L Ge	Jan Care Ambulandobbying activity summary - If neral Law, Heath Ca	there was no acre Budget ,	Highway	6. Mo	olina Health	care			
Ge	Jan Care Ambuland obbying activity summary - If neral Law, Heath Ca expenditures expenditures, including campos spent money on any public of	there was no acre Budget ,	Highway	6. Mo	e "none."	care		the following	
Ge. Efnoe	Jan Care Ambuland obbying activity summary - If neral Law, Heath Ca expenditures expenditures, including campo spent money on any public of pries per each employer you re-	there was no acre Budget , nign contribution ficial, employee epresent. Comp	ns, mark here: or member of lete and attach	6. Mo	e "none."	care	ent in each of t		
. L. Ge	Jan Care Ambuland obbying activity summary - If neral Law, Heath Ca expenditures expenditures, including campo spent money on any public of pries per each employer you re diture Categories	re Budget , rign contribution ficial, employee epresent. Comp	ns, mark here: or member of lete and attach Employer 2	6. Mo	diate family, list this report.	the amounts sp	ent in each of t	Total Expended	
33. L. Ge	Jan Care Ambuland obbying activity summary - If neral Law, Heath Ca expenditures expenditures, including campa spent money on any public of pries per each employer you re diture Categories Meals and Beverages	re Budget , nign contribution ficial, employee epresent. Comp Employer 1	ns, mark here: or member of lete and attach Employer 2	6. Mo	diate family, list this report. Employer 4	the amounts sp	ent in each of t Employer 6	Total Expended	
Ge. Efnoe	Jan Care Ambuland obbying activity summary - If neral Law, Heath Ca expenditures expenditures, including campa spent money on any public of pries per each employer you re diture Categories Meals and Beverages Lodging	re Budget , nign contribution ficial, employee epresent. Comp Employer 1 \$	ns, mark here: or member of lete and attach Employer 2 \$	his or her immer Schedule A to to Employer 3	diate family, list this report. Employer 4 \$	the amounts sp	ent in each of t Employer 6 \$	Total Expended	
. L. Ge	Jan Care Ambuland obbying activity summary - If neral Law, Heath Ca expenditures expenditures, including campo spent money on any public of ories per each employer you re diture Categories Meals and Beverages Lodging Advertising	re Budget , sign contribution ficial, employee expresent. Comp Employer 1 \$ \$ \$	ns, mark here: or member of lete and attach Employer 2 \$ \$ \$	his or her immer Schedule A to to Employer 3	diate family, list this report. Employer 4 \$ \$ \$	the amounts sp Employer 5 \$ \$ \$	ent in each of t Employer 6 \$ \$ \$	Total Expended	
. Efnoe	pobbying activity summary - If neral Law, Heath Caxes expenditures expenditures, including campos spent money on any public of ories per each employer you rediture Categories Meals and Beverages Lodging Advertising Travel	there was no acre Budget , sign contribution ficial, employee expresent. Comp Employer 1 \$ \$ \$ \$	ns, mark here: or member of lete and attach Employer 2 \$ \$ \$ \$	his or her immer Schedule A to t Employer 3 \$ \$ \$ \$ \$	diate family, list this report. Employer 4 \$ \$ \$ \$	the amounts sp	ent in each of t Employer 6 \$ \$ \$ \$	S S S	
3 Ge	Jan Care Ambuland obbying activity summary - If neral Law, Heath Ca expenditures expenditures, including campo spent money on any public of ories per each employer you re diture Categories Meals and Beverages Lodging Advertising Travel Gifts	there was no acre Budget , sign contribution ficial, employee expresent. Comp Employer 1 \$ \$ \$ \$ \$ \$ \$	ns, mark here: or member of lete and attach Employer 2 \$ \$ \$	his or her immer Schedule A to to Employer 3	diate family, list this report. Employer 4 \$ \$ \$	the amounts sp Employer 5 \$ \$ \$ \$ \$	ent in each of t Employer 6 \$ \$ \$	S S S	
. Effnoefyou ategoxxpen	pobbying activity summary - If neral Law, Heath Caxxpenditures expenditures, including campo spent money on any public of ories per each employer you rediture Categories Meals and Beverages Lodging Advertising Travel Gifts Other Expenses	there was no acre Budget , sign contribution ficial, employee expresent. Comp Employer 1 \$ \$ \$ \$	ns, mark here: or member of lete and attach Employer 2 \$ \$ \$ \$ \$ \$	6. Mo	diate family, list this report. Employer 4 \$ \$ \$ \$ \$ \$ \$	the amounts sp Employer 5 \$ \$ \$ \$ \$ \$ \$	ent in each of t Employer 6 \$ \$ \$ \$ \$ \$	S S S S S	
Ge foo e	Jan Care Ambuland obbying activity summary - If neral Law, Heath Ca expenditures expenditures, including campo spent money on any public of ories per each employer you re diture Categories Meals and Beverages Lodging Advertising Travel Gifts	there was no acre Budget , nign contribution ficial, employee epresent. Comp Employer 1 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ns, mark here: or member of lete and attach Employer 2 \$ \$ \$ \$ \$ \$ \$	6. Mo	diate family, list this report. Employer 4 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	the amounts sp Employer 5 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ent in each of t Employer 6 \$ \$ \$ \$ \$ \$	S S S S S	

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Days late ____

Rec'd_ Fine __

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	Name and contact informatio	n							
	Thomas Susman		Phone 3045522064						
Business Address 1210 Kanawah Blvd East				B	Business Email Tomsusman@tsgsolution.com				
Dusini	C33 Addi C33				usiness Email				
City, S	Charleston, W	V 25301							
2. F	Reporting period for which th	is activity repor	t is being filed						
Check	T	Due Date		NVESTI E	SCHOOL D				
х	2020-2 5/1/20 - 8/31/20		THE RESERVE TO SHARE THE						
3. L	ist all employers/organizatio	ns that you rep	resent as a lobb	vist	Us	e additional re	porting forms	if necessary.	
	Northwood Health	Systems			ıral Health			,	
	Real Estate Valuat	1011 A550C.			5. Shiben Estates				
3	Roane General			6. <u>I</u> r	e American	Law Instit	ute		
4. L	obbying activity summary - If	there was no a	ctivity or expe	nditures indicat	e "none."				
	neral Law, Heath Ca				e mone.				
		re budget	, nigriway	Saiety					
5. E	xpenditures								
If no e	xpenditures, including campa	aign contributio	ns, mark here:	V					
-	spent money on any public of				diate family, list	the amounts sp	ent in each of	the following	
catego	ories per each employer you re	epresent. Comp	olete and attach	Schedule A to t	his report.				
Expen	diture Categories	Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended	
Α.	Meals and Beverages	\$	\$	\$	\$	\$	\$	\$	
В.	Lodging	\$	\$	\$	\$	\$	\$	\$	
C.	Advertising	\$	\$	\$	\$	\$	\$	\$	
D.	Travel	\$	\$	\$	\$	\$	\$	\$	
E.	Gifts	\$	\$	\$	\$	\$	\$	\$	
F.	Other Expenses	\$	\$	\$	\$	\$	\$	\$	
G.	Group Expenditures	\$	\$	\$	\$	\$	\$	\$	
H.	Campaign Contributions	LIST AMOUN	T IN "TOTAL EX	PENDED" COLU	MN.		No. of Lot, Lot, Lot, Lot, Lot, Lot, Lot, Lot,	\$	
1.	TOTAL of all expenditures	\$	\$	\$	\$	\$	\$	\$	
If you	sponsored or contributed to a	iny group event	or shared expe	nses, list the tot	al expended in c	ategory 5G imm	nediately above	e. Complete and	
attach	a Schedule B for each event.								

6. Grand total of all expenditures	
7. Lobbyist certification – Please read and sign below.	
To the best of my knowledge, the information contained bereon and on any attached materials is true a violation of WV Code §68-3-9 to willfully and knowingly file a telse or incomplete report. I further unmay be fined, sentenced to jail or both. Lobbyist's Signature: Thomas Susma Lobbyist's Printed Name:	