### MAY 17 2021

WV Ethics Commission

**West Virginia Ethics Commission** 

## **Lobbyist Activity Report Form**

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

2021-01

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 \_\_\_\_ Fine\_ Days late \_\_\_

1. 1	Name and contact	information							
Name	Thomas Su	ısman				Phone	304 34511	61	
Addre	ss 1210 Kan	waha Blv	d, East			Email to	omsusman	@tsgsolut	ion.com
City, S	State Zip Charle	eston, WV	25301						
2. F	Reporting period fo	or which this	activity report	is being filed			***		
Check	Report Peri	od	Due Date	03 # 1					
X	2021-01 1/1/2	21 - 4/30/21	5/17/21						
	ist all employers/			esent as a lobb	yist	Us	e additional rep	orting forms i	necessary.
1	Community /	Action Par	Inerships		4				
2	Behviroal He	ealtcare P	roviders As	ssocation	S.				
	Self								
3	. 0011				6				
	althcare,edu								
5. E	xpenditures		Many 1886 M. Charles and delegate model common as a made addison to the control of the control o						
If no	expenditures, inclu	dina campai							A CONTRACTOR OF THE CONTRACTOR
If you catego	spent money on a ories per each emp	ny public offi	cial, employee	or member of l	his or her immedi Schedule A to th	is report.		· · · · · · · · · · · · · · · · · · ·	
If you catego Exper	spent money on a ories per each emp nditure Categories	ny public offi ployer you rep	cial, employee	or member of I	his or her immedi Schedule A to th Employer 3	is report. Employer 4	Employer 5	Employer 6	Total Expende
If you categorized Experience A.	spent money on a ories per each emp nditure Categories Meals and Beve	ny public offi ployer you rep	cial, employee present. Comp Employer 1	or member of I plete and attach Employer 2	his or her immedi Schedule A to th Employer 3 \$ 3/1,50	Employer 4	Employer 5	Employer 6	Total Expended
of you catego Exper A. B.	spent money on a ories per each emp diture Categories Meals and Beve Lodging	ny public offi ployer you rep	cial, employee present. Comp Employer 1	or member of I plete and attach Employer 2	his or her immedi Schedule A to th Employer 3	Employer 4 \$	Employer 5 \$	Employer 6 \$	S 3//, 50
Exper A. B.	spent money on a pries per each emploiture Categories  Meals and Bevel Lodging  Advertising	ny public offi ployer you rep	cial, employee present. Comp Employer 1	or member of I plete and attach Employer 2	his or her immedi Schedule A to th Employer 3 \$ 3/1,50	Employer 4 \$ \$ \$ \$	Employer 5 \$ \$ \$	Employer 6 \$ \$ \$	Total Expender \$ 3//, 50 \$
Exper A. B. C.	spent money on a pries per each emploiture Categories  Meals and Beve Lodging  Advertising  Travel	ny public offi ployer you rep	cial, employee present. Comp Employer 1	or member of l	his or her immedi Schedule A to th Employer 3 \$ 3/1, JO \$ \$	Employer 4 \$ \$ \$ \$ \$ \$	Employer 5 \$ \$ \$ \$	Employer 6 \$ \$ \$ \$ \$	Total Expender \$ 3//, 50 \$ \$
Exper A. B. C. D.	spent money on a pories per each emploiture Categories  Meals and Beve Lodging  Advertising  Travel  Gifts	ny public offi ployer you rep	cial, employee present. Comp Employer 1	or member of I plete and attach Employer 2	his or her immedi Schedule A to th Employer 3 \$ 3/1,50	Employer 4 \$ \$ \$ \$ \$ \$ \$ \$	Employer 5 \$ \$ \$ \$ \$ \$	Employer 6 \$ \$ \$ \$ \$ \$ \$	Total Expende \$ 3//, 50 \$ \$ \$ \$
Exper A. B. C. D. E. F.	spent money on a pories per each emploiture Categories  Meals and Beve Lodging Advertising Travel Gifts Other Expenses	ny public offi oloyer you rep rages	cial, employee present. Comp Employer 1	or member of I plete and attach Employer 2	his or her immedi Schedule A to th Employer 3 \$ 3/1,50 \$ \$ \$ \$ \$	sis report. Employer 4 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Employer 5 \$ \$ \$ \$ \$ \$ \$ \$ \$	Employer 6 \$ \$ \$ \$ \$ \$ \$ \$ \$	Total Expende \$ 3//, 50 \$ \$ \$ \$ \$
Exper A. B. C. D. E. F.	spent money on a pories per each emploiture Categories  Meals and Beve Lodging Advertising Travel Gifts Other Expenses Group Expendit	ny public offi oloyer you rep rages ures	cial, employee present. Comp Employer 1 \$	e or member of I blete and attach Employer 2 \$\$ \$\$ \$\$ \$\$ \$\$	his or her immedi Schedule A to th Employer 3 \$ 3/1,50 \$ \$ \$ \$ \$ \$	s report.  Employer 4  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Employer 5 \$ \$ \$ \$ \$ \$	Employer 6 \$ \$ \$ \$ \$ \$ \$	Total Expender \$ 3//, 50 \$ \$ \$ \$ \$ \$ \$ \$ \$
Exper A. B. C. D.	spent money on a pories per each emploiture Categories  Meals and Beve Lodging Advertising Travel Gifts Other Expenses	ny public offi ployer you rep rages ures ibutions	cial, employee present. Comp Employer 1 \$	e or member of I blete and attach Employer 2 \$\$ \$\$ \$\$ \$\$ \$\$	his or her immedi Schedule A to th Employer 3 \$ 3/1,50 \$ \$ \$ \$ \$	s report.  Employer 4  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Employer 5 \$ \$ \$ \$ \$ \$ \$ \$ \$	Employer 6 \$ \$ \$ \$ \$ \$ \$ \$ \$	Total Expende \$ 3//, 50 \$ \$ \$ \$ \$

attach a Schedule B for each event.

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# WV Ethics Commission

**West Virginia Ethics Commission** 

1. Name and contact information

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Days late \_\_\_\_\_ Fine \_\_\_\_\_

		s Susman	<b>U</b>	10 11	. /	BLVD ENSTERNAL tomsusman@tsgsolution.com				
Addre	SS POSE	GrayStone F	rese / L	O CANH	UHA DIVI	Email I	omsusmar	i@tsgsoiu	ion.com	
City, S	tate Zip C	harleston, W	/ 25301							
2. R	eporting pe	riod for which thi	activity repor	t is being filed		V1-11-12-12-12-12-12-12-12-12-12-12-12-12				
Check	Report	Period	Due Date							
X	-	1/1/21 - 4/30/21	5/17/21							
2 11										
		yers/organization			•		e additional rej	orting Jorms i	r necessary.	
1.	Appaiac	hain Regional	Healthcare		4. <u>He</u>	alth Manage	ement			
2.	Apple, I	nc.			5. Ho	spice Coun	cil			
	Belle C	hemical Com	naanv			ident Clear				
3.	20110 0	mornioar com	padity		6, 1110	dent Olean				
5. Ex	penditures	i								
If no ex	xpenditures	, including campa	ian contributio	ns. mark here:						
If you s	pent mone	y on any public off h employer you re	icial, employee	or member of	his or her imme		the amounts sp	ent in each of t	he following	
Expend	diture Categ	ories	Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended	
A.	Meals and	Beverages	\$	\$	\$	\$ -	\$	\$	\$	
В.	Lodging		\$ -	\$ —	\$	\$ —	\$ —	\$	\$	
C.	Advertisin	g	5 —	\$	\$ -	\$	\$ -	\$	\$ _	
D.	Travel		\$	5	\$ -	\$	\$	\$	\$	
E.	Gifts		\$	\$	5 -	\$ —	\$ -	\$	\$	
F.	Other Exp	enses	\$	\$	\$ _	\$	\$	\$ —	\$	
G.	Group Exp	enditures	\$	\$ -	\$	\$	\$	\$	\$	
Н.	Campaign	Contributions	LIST AMOUN	T IN "TOTAL EX	PENDED" COLU	MN.		-	\$	
l.	TOTAL of	all expenditures	\$ -	\$	\$	\$	\$	\$	\$	
		r contributed to a B for each event.	ny group event	or shared expe	nses, list the tot	al expended in c	ategory 5G imm	nediately above	e. Complete and	

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Fine\_

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1. N	lame and cor	stact information								
Name	Thomas	Susman				Phone	304 34511	61		
	Address 16 2 Cm Stone Place Email tomsusman@tsgsolution.com									
Addre	12/0 KAWAWAN BLUD EAST									
	12	10 ICAWI	TWAN	BLVW	ISASI					
City, S	tate Zip Ch	narleston, WV	25301							
2. R	enorting per	iod for which this	activity repor	t is heing filed						
Check	7	Period	Due Date	lis being med						
X		1/1/21 - 4/30/21	5/17/21							
A Mile publication										
11.0										
3. L	ist all employ	ers/organizations	that you rep	resent as a lobb	yist	Us	e additional rej	oorting forms i	f necessary.	
1	Local He	alth Departme	ents Assn.		4. Shi	ben Estates	3			
2	Ohio Val	ley Physcians	3		5 The	e American	law Institit	ute		
		thic Medial As		۸۸/\		tex Pharam				
3	Ostepia	triic iviediai A	3301Cation	****	6. VE	tex i naran	icutical			
		rity summary - If t								
Hea	althcare,	educational,	digtal iss	ssues tax,	natural ga	s issues, b	udget, ph	armacy		
				- Address						
5. E	xpenditures		- Louis and the second					The state of the s	The state of the s	
		including campaig	an contributio	ns mark here:						
		on any public offi				diate family, list	the amounts sp	ent in each of 1	the following	
		employer you rep							0	
	diture Catego		Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended	
Α.	Meals and		\$	\$	\$	\$	\$	\$ —	\$	
8.	Lodging		\$	\$ -	5 -	\$	\$	5 —	\$	
C.	Advertising		\$	\$	\$	5 -	\$	\$ -	\$ _	
D.	Travel		\$	\$	\$ _	\$	\$	5	\$	
E.	Gifts		5 -	5 -	\$	\$ -	\$	\$ -	\$	
F.	Other Expe	nses	\$ -	5 -	\$	\$ -	\$	5 -	\$	
G.	Group Expe	**************************************	5_	\$ -	\$ _	\$ -	\$ -	5	5	
H.		Contributions	LIST AMOUN	T IN "TOTAL EX	KPENDED" COLU	MN. 8			5	
1.	-	Il expenditures	5 -	\$ -	\$	\$ -	\$	\$	5	
If you	sponsored or	contributed to an	y group event	or shared expe	enses, list the tot	al expended in c	ategory 5G imn	nediately above	e. Complete and	
attach	a Schedule B	for each event.								

Telles Brother	Name:	Thomas	Susman		Date:	May	17	, 2	C.
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### 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.

#### 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
Zac Maynard March 4	62.30					62.30
Joshua Booth March 4	62.30					62.30
Jordan Bridges March 4	62.30					62.30
Wayne Clark March 4	62.30					62.30
Johnie Wamsley March 4	62.30					62.30
dinner at Bridge Road Bistro						
TOTAL Expenditures	311.50					311.50

#### 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.

Which employer provided the gift? Which group received the gift?

Describe the gift(s) 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. Scheduled entertainment Total \$ Recipient name and event Meals & Lodging Travel Gifts & other expended beverages

#### 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." Meet and great, budget, taxes dinner with the legislators listed abov

	Name: Thomas Sus	man	Date: May 17, 2021
Schedule B: Group Entertainment & (Attach to the Lobbyist Activity Report)	Shared Expense	s	
<b>Instructions:</b> Group Entertainment functions included for a dinner party, reception or other similar function names of attendees do not need to be listed for the	on if you invited ALL me	embers of any of	following groups. Report expenditures these four specific groups. Individual
<ol> <li>the Legislature</li> <li>a standing or select committee of eit</li> </ol>		either house of the joint committee	
Use the worksheet below to figure the amount sper "event." Enter this amount on the Lobbyist Activity		er government al	officials and employees for each
List each group event separately. Make additional of in Section B. You must then calculate and post on to you share expenses with another reporting lobbyist sponsors in Section C below.	the Lobbyist Activity Rep	port only the amo	ount actually spent on public officials. If
Section A: Event Information			
Lobbying expenses for entertainment of "OTHER" g Activity Report Form. List the names of attendees o names in item 5 below, as well as other event inform	n this form or attach ad	ditional informat	tion pages. If using this form, list the
1. Date of event: 4/09/2021	Location: House and	Senate Health	
2. Type of event (reception, dinner, etc.): Box lunc	hes for end of session		
Event sponsor: Tom Susman     must also complete Section C below.)	(If you si	hared the sponso	orship and expenses with others, you
4. Which of the following governmental groups we a. the Legislature  b. either house of the Legislature	c. a standing		tee of either house ouses
	OR		
OTHER: If the event was not in one of employees or public officials in attendations.			
1. 400 ÷ 25 (total cost of event) ÷ (total attendance)  2. Number of governmental officials or employees	= \$16 (per capita cost)	Some cal	culations must be performed manually.
25 x 16 (governmental attendees) x (per capita cost)	400 BOX 1		
If this was a true Group Entertainment event and you Lobbyist Activity Report in Section 5G. If you share of the cost. Note: If you classified the expenditure Form as a Meals & Beverages expense (5A), not as a	d expenses with others, described in section A a	complete section is "OTHER," it is r	C below, and report only your portion
Section C: Shared Sponsorship Expenses			
1. Were any other lobbyists co-sponsors of this even	ent? no (yes	or no)	
2. If yes, with how many others are sharing the co	it?List the nar	nes of all sponso	rs below:
3. What is your share of Box 1 above? \$			
Record that amount in Box 2 and on the Lobbyist A		5G.	BOX 2