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**West Virginia Ethics Commission** 

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Days late

## **Lobbyist Activity Report Form**

2022-01

210 Brooks St., Ste. 300 Charleston, WV 25301

304-558-0664 For office use only: No faxed copies

Rec'd

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

1. Name and contact information									
Name Thomas Bailey					Phone 3	Phone 304-542-4698			
<del> </del>							nmy.bailey1@gmail.com		
Suite 201									
City, State Zip Charleston, WV 25301									
2. R	2. Reporting period for which this activity report is being filed								
Check	•	Due Date							
х	2022-1 1/1/22-4/30/22	5/16/22	_						
			_						
3. List all employers/organizations that you represent as a lobbyist									
1	1. Lighthouse Community Investment Agency 4. Med-Surg Physician Group								
_									
3.	_Veltex Corporation			6					
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."									
Advocated for the passage of SB 236 (Broadband) for Alpha Technologies during the session; advocated for increased investment									
in recovery housing, licensed recovery beds, and in favor of the recovery resident bill-of-rights; shared ideas with local (Raleigh Co)									
legislators about the need for DHHR reform									
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							Total Expended		
A.	_	Employer 1	Employer 2	Employer 3	Employer 4	Employer 5 \$	Employer 6	\$	
В.	Meals and Beverages Lodging	\$	\$	\$	\$	\$	\$	\$	
С.	Advertising	\$	\$	Ś	Ś	\$	\$	\$	
D.	Travel	\$	\$	\$	\$	\$	\$	\$	
E.	Gifts	\$	Ś	Ś	\$	Ś	\$	\$	
F.	Other Expenses	\$	\$	\$	\$	\$	\$	\$	
G.	Group Expenditures	\$	Ś	Ś	Ś	\$	\$	\$	
Н.	Campaign Contributions	LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.							
1.	TOTAL of all expenditures	\$	\$	\$	\$	\$	\$	\$	
If you	sponsored or contributed to a	•	or shared expe	nses, list the tot	al expended in c	1 -	nediately above	e. Complete and	
attach a Schedule B for each event.									