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 By WV Ethics Commission at 9:51 am, Jan 16, 2024

West Virginia Ethics Commission
Lobbyist Activity Report Form
 2023-03

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 L Susman Phone 304 552 2064
 Address 1001 VIRGINIA ST EAST Email TOM.SUSMAN@TSCBOUTDW.COM
 City, State Zip CHARLESTON WV 25301

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

Check	Report	Period	Due Date
x	2023-3	9/1/23-12/31/23	1/15/24

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

1. Vertex Pharmaceuticals 4. _____
 2. _____ 5. _____
 3. _____ 6. _____

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

Pharmacy; MEDICINE; GENERAL LAW

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.						\$ 150.00
I. TOTAL of all expenditures	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ 150.00

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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