

West Virginia Ethics Commission

Lobbyist Activity Report Form

2024-2

Received

SEP 13 2024

WV Ethics Commission

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 S Bailey Phone 304-542-4698
 Address 716 Lee Street East Email tommy.bailey1@gmail.com
Suite 201
 City, State Zip Charleston, WV 25301

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

Check	Report	Period	Due Date				
x	2024-2	5/1/24-8/31/24	9/16/2024				

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

1. The Underprivileged Children Foundation, Inc 4. Lighthouse Community Investment Agency
 2. Alpha Technologies, Inc 5. _____
 3. Med-Surg Physician Group, Inc. 6. _____


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

Advocacy for greater broadband investment; legislative monitoring; advocacy for more enhanced substance use disorder treatment.

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. 						\$
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.

Continued on page 2