

Received

MAY 17 2021

WV Ethics Commission

West Virginia Ethics Commission

Lobbyist Activity Report Form

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 Rec'd
Days late Fine

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

1. Name and contact information

Name R. Philip Shimer Phone (304) 345-1161
Address TSG Consulting, Inc. Email philshimer@tsgsolution.com
1210 Kanawha Blvd., E.
City, State Zip Charleston, WV 25301

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

Table with columns: Check, Report, Period, Due Date. Row 1: x, 2021-01, 1/1/21 - 4/30/21, 5/17/21

3. List all employers/organizations that you represent as a lobbyist

Use additional reporting forms if necessary.

- 1. Kanawha County Emergency Ambulance Authority (KCEAA)
2. Jan-Care Ambulance Services, Inc.
3. West Virginia Behavioral healthcare Providers Association (WVBHPA)
4. Ohio Valley Physicians, Inc. (OVP)
5.
6.

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

Representation of various client interests via in-person meetings and/or remotely before individual members and relevant committee meetings of the 2021 legislative session. In addition, representation of same before state agencies on policy development and rule-making activity of interest, relevant to specific client interests.

5. Expenditures

If no expenditures, including campaign contributions, mark here: [checked box]

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.

Table with columns: Expenditure Categories, Employer 1, Employer 2, Employer 3, Employer 4, Employer 5, Employer 6, Total Expended. Rows A-I including Campaign Contributions and 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