

Received

SEP 14 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 Shana Kay Phares Phone 304-541-3324
 Address 1210 Kanawha Boulevard, East Email shanaphares@tsgsolution.com
 City, State Zip Charleston, West Virginia 25301

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

Check	Report	Period	Due Date				
*	2021-01	1/1/21 - 4/30/21	5/17/21				
X	2021-02	5/1/21 to 8/31/21	9/15/21				

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

1. <u>West Virginia Community Action Partnership</u>	4. <u>West Virginia Behavioral Health Providers' Association</u>
2. <u>West Virginia Rural Health Association</u>	5. <u>West Virginia Hospice Council</u>
3. <u>West Virginia Local Health Association</u>	6. _____

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

NONE

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	\$	\$	\$	\$	\$	\$	\$0

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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