

SEP 15 2021

WV Ethics Commission

West Virginia Ethics Commission

Lobbyist Activity Report Form

2021-02

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 Susman

Phone 3045522064

Address 1210 Kanawha Blvd East

Email Tomsusman@tsqsolution.com

City, State Zip Charleston, WV 25301

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

Check	Report	Period	Due Date				
x	2021-2	5/1/21-8/31/21	9/15/21				

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

Use additional reporting forms if necessary.

1. Appalachian Regional Healthcare

4. Health Management Systems

2. Apple Inc

5. Hospice Council

3. Belle Chemical Company

6. Incident Clear, Inc


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

Healthcare, technology, General Law, Budget, Highways

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	\$ <u> </u>	\$ <u>8.00</u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u>8.00</u>
B. Lodging	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
C. Advertising	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
D. Travel	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
E. Gifts	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
F. Other Expenses	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
G. Group Expenditures	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
H. Campaign Contributions	LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. 						\$ <u> </u>
I. TOTAL of all expenditures	\$ <u> </u>	\$ <u>8.00</u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u>8.00</u>

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

Schedule A: WV Lobbyist Expenditure Details

(Attach this completed sheet to the Lobbyist Activity Report)

Complete this form if you have made or shared any expenditure **other** than group entertainment on a public official or employee during this reporting period. If you have made expenditures in these categories - (1) *Meals & Beverages*, (2) *Lodging*, (3) *Travel*, (4) *Gifts*, (5) *Other Expenditures* - list below, you must report it in sections 1 or 2 on this form.

If you shared any of these expenditures with another lobbyist, note who shared the expenditures in the area below the recipient's name. You are not required to report on Schedule A detailed expenditures on Advertising, Contributions [including political contributions] and Group Entertainment. Expenditures in those categories must be reported on the Lobbyist Activity Report and/or Schedule B.

1. Expenditure Details - (include shared expenditures not reported on Schedule B)

Report all expenditures in any of the categories listed below on a particular person or member of their immediate family EXCEPT those reported in Section 1a or 2 (below) or any portion of a "Group Entertainment" OR "Shared Expense" event which are to be reported on Schedule B. Transfer the totals to section 5 on the Lobbyist Activity Report. If you shared expenditures with another lobbyist, identify who shared the cost in the area below each recipient's name.

Recipient name(s) and date of expenditure	Meals & beverages	Lodging	Travel	Gifts	Other	Total \$ expended
Moore Capito 8/1/16	8.00					\$8.00

TOTAL Expenditures

1a Gifts (Group)

Ordinarily gifts to individual legislators must not exceed \$25. Gifts such as key chains, mugs, and calendars given to ALL members of the House or Senate, the entire Legislature or to standing or joint committees must be listed here. Describe the item, to which group it was given and the total cost. You need not list each legislator who received the gift, only the name of the group. Transfer the total cost to the Lobbyist Activity Report, section 5E.

Describe the gift(s) Which employer provided the gift? Which group received the gift? Total cost of gift(s)

2. Participation in a Panel or Speaking Engagement

Report expenditures on a particular person in the categories listed below when such expenditure was for the individual's participation in a panel or speaking engagement. Transfer the totals to section 5 on the Lobbyist Activity Report.

Recipient name and event	Meals & beverages	Lodging	Travel	Gifts	Scheduled entertainment & other	Total \$ expended
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3. Subjects of Lobbying

For each recipient identified in 1, 1a & 2 above, explain briefly the subjects of lobbying. List the individual or group recipient and then the subject matter of the lobbying. Example: "Del. Joe Jones - Health Care" or "House Finance Committee - Environment."

1. technology

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

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

Use additional reporting forms if necessary.

- | | |
|--------------------------------------|--------------------------------------|
| 1. <u>Local Health Departments</u> | 4. <u>Shiben Estates</u> |
| 2. <u>Ohio Valley Physicians</u> | 5. <u>The American Law Institute</u> |
| 3. <u>Osteopathic Medical Assoc.</u> | 6. <u>Veretex Pharmaceuticals</u> |

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

Healthcare, technology, General Law, Budget, Natural Gas

5. Expenditures

If no expenditures, including campaign contributions, mark here: None

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

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

Use additional reporting forms if necessary.

- 1. Community Action Partnership 4. _____
- 2. Self 5. _____
- 3. _____ 6. _____

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

Healthcare, , General Law, Budget, Housing

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.						\$ 1800
I. TOTAL of all expenditures	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ 1800

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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