

2022-1
THOM STEVENS

West Virginia Ethics Commission
Lobbyist Activity Report Form
2022-01

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)

RECEIVED
By Ethics Commission at 1:07 pm, May 05, 2022

1. Name and contact information

Name THOMAS "THOM" J. STEVENS Phone 304-415-1351
Address CAPITOL STATION Email STEVENSGRS@AOL.COM
POB 5008
City, State Zip CHARLESTON, WV 25311

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

Check	Report	Period	Due Date					
x	2022-1	1/1/22-4/30/22	5/16/22					

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


1. 3M Company 4. _____
2. _____ 5. _____
3. _____ 6. _____

4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."
These include: insurance topics; business, industry and economic issues; media information; transportation; motor vehicles; and public safety.

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	\$	\$	\$	\$	\$	\$	\$0
B. Lodging	\$	\$	\$	\$	\$	\$	\$0
C. Advertising	\$	\$	\$	\$	\$	\$	\$0
D. Travel	\$	\$	\$	\$	\$	\$	\$0
E. Gifts	\$	\$	\$	\$	\$	\$	\$0
F. Other Expenses	\$	\$	\$	\$	\$	\$	\$0
G. Group Expenditures	\$	\$	\$	\$	\$	\$	\$0
H. Campaign Contributions	LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. 						\$0
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.

1/2