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West Virginia Ethics Commission

Lobbyist Activity Report Form

2022-02

West Virginia Ethics Commission
Attn: Lobbyist Registrar
210 Brooks St., Ste. 300
Charleston, WV 25301
304-558-0664
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 Bailey						Phone 304-542-4698				
Address 2616 Mountain View Drive						_{Email} tommy.bailey1@gmail.com				
City, State Zip Saint Albans, WV 25177										
2. Reporting period for which this activity report is being filed										
Check	Report	Period	Due Date							
Х	2022-2	5/1/22-8/31/22	9/15/22							
3. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary.										
	Alpha Technologies 4. Med-Surg Physician Group									
3. Veltex Corporation 6										
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."										
General advocacy involving broadband expansion, substance use disorder, technology trade export (through the WV Dept of										
Commerce), CMS-related issues (reimbursement, services covered).										
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 E	Beverages	\$	\$	\$	\$	\$	\$	\$	
В.	Lodging		\$	\$	\$	\$	\$	\$	\$	
C.	Advertising		\$	\$	\$	\$	\$	\$	\$	
D.	Travel		\$	\$	\$	\$	\$	\$	\$	
E.	Gifts		\$	\$	\$	\$	\$	\$	\$	
F.	Other Expenses \$ \$		\$	\$	\$	\$				
G.	Group Expenditures		\$ \$			\$	\$	\$	\$	
H.	Campaign Contributions		LIST AMOUNT IN "TOTAL EXPENDED" COLUMN					\$ 1,000.00		
l.	TOTAL of all expenditures		\$	\$	\$	\$	\$	\$	\$ 1,000.00	
	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.									