

Received

JAN 20 2023

WV Ethics Commission

West Virginia Ethics Commission

Lobbyist Activity Report Form

2022-03

West Virginia Ethics Commission
 Attn: Lobbyist Registrar
 210 Brooks St., Ste. 300
 Charleston, WV 25301
 304-559-0664

No faxed copies

For office use only:
 Postmark email Rec'd _____
 Days late 3 Fine \$30

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

1. Name and contact information

Name R. Philip Shimer
 Address 1210 Kanawha Blvd., E.
 City, State Zip Charleston, WV 25301

Phone (304) 345-4511
 Email philshimer@tsgsolution.com

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

Check	Report	Period	Due Date				
x	2022-3	9/1/22-12/31/22	1/17/23				

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

Use additional reporting forms if necessary.

- Kanawha County Emergency Ambulance Authority (KCEAA)
- West Virginia Association of Alcohol and Drug Abuse Counselors (WVADAC)
- West Virginia Rural Health Association (WVRHA)
- Ohio Valley Physicians (OVP)
- Jan-Care Ambulance Services
-


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

Routine monitoring and advocacy on matters of interest to clients coming before the West Virginia legislature and executive branch agencies.

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	\$	\$	\$	\$	\$	\$	\$

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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