Received

3 2023 MAY

West Virginia Ethics Commission

West Virginia Ethics Commission Lobbyist Activity Report Form WV Ethics Commission

2023-01

West Virginia Ethics Commission Attn: Lobbyist Registrar 210 Brooks St., Ste. 300

Charleston, WV 25301 304-558-0664 For office use only:

No faxed copies

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Late r	eporung Jin	e - \$10 per busi	ness aay pasi	the ave date	(>Z>U maximu	(m)				
1. N	ame and con	tact information		(matter)						
Name Nathan Thomm						phone 3	Phone 3042706431			
Address 301 Woodbridge Dr							Email julie@thommpartners.com			
Addres	35 001 000	oublinge bi			i::	Email <u>Ju</u>	ile@trioriii	прагитого.	00111	
	-									
City, S	tate Zip Ch	arleston W\	/ 25311							
2. Reporting period for which this activity report is being filed										
Check		Period	Due Date							
X	2023-01	1/1/23-4/30/23	5/15/23							
						Val 1				
3. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary.									necessary.	
1. WV for affordable healthcare										
2 5										
36										
									· ·	
4. Lo	hhving activ	ity summary - If t	hore was no a	ctivity or expen	ditures indicate	"none"				
				ctivity or expen	ditures, maioate	. none.				
advocated for interests of WVAHC										
	penditures									
-		including campai								
		on any public offi					the amounts sp	ent in each of t	the following	
	ries per each diture Catego	employer you re	Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Tabel Process 201	
A.	Meals and E		\$	\$	\$	\$	\$	\$	Total Expended	
B.	Lodging	oeverages	\$	\$	Š	\$	\$	\$	\$	
C.	Advertising		\$	\$	\$	\$	\$	\$	\$	
D.	Travel		\$	\$	\$	\$	\$	\$	\$	
E.	Gifts		\$	\$	\$	\$	\$	\$	Š	
F.	Other Exper	rses	\$	\$	\$	\$	\$	\$	\$	
G.	Group Expe		\$	\$	\$	\$	\$	\$	\$	
H.	Campaign Contributions		LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.				I la State	Š		
I.	I. TOTAL of all expenditures		\$	\$	\$	\$	\$	\$	\$0.00	
If you s	ponsored or	contributed to ar	y group event	or shared expe	nses, list the tot	al expended in o	ategory 5G imr	nediately abov	e. Complete and	

attach a Schedule B for each event.