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By WV Ethics Commission at 1:57 pm, Sep 15, 2023

West Virginia Ethics Commission

Lobbyist Activity Report Form

2023-02

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 R. Philip Shimer Phone (304) 549-1361
 Address TSG Consulting, Inc. Email philshimer@tsgsolution.com
1210 Kanawha Blvd., E.
 City, State Zip Charleston, WV 25301

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

Check	Report	Period	Due Date				
x	2023-2	5/1/23-8/31/23	9/15/23				

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

1. West Virginia Association of Alcohol and Drug Abuse Counselors (WVAADAC) 4. _____
 2. West Virginia Rural Health Association (WVRHA) 5. _____
 3. Kanawha County Emergency Ambulance Authority (KCEAA) 6. _____

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: X

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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