

Received  
JAN 14 2020  
WV Ethics Commission

**West Virginia Ethics Commission**  
**Lobbyist Activity Report Form**  
2019-03

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 Steven F. White Phone 304-720-1400  
 Business Address 600 Kanawha Blvd. E. Suite 201 Business Email swhite@whitepllc.com  
 City, State Zip Charleston, WV 25301

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

Check	Report	Period	Due Date				
x	2019-3	9/1/19 - 12/31/19	1/15/2020				

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

1. Wheeling Island Racetrack and Casino 4. \_\_\_\_\_  
 2. Elevator Industry Workers Preservation Fund 5. \_\_\_\_\_  
 3. Interstate Gas Supply, Inc. 6. \_\_\_\_\_

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

Discussions with legislators and members of the executive branch

**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	<i>LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.</i>						\$
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.