

Received

JAN 15 2021

West Virginia Ethics Commission

WV Ethics Commission

Lobbyist Activity Report Form

2020-03

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 S. Ryan White Phone 304-720-1400
 Business Address 600 Kanawha Blvd. E. Suite 201 Business Email rwhite@whiteplc.com
 City, State Zip Charleston, WV 25301

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

Check	Report	Period	Due Date					
x	2020-3	9/1/20 - 12/31/20	1/15/2021					

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

Use additional reporting forms if necessary.

- | | |
|---|---|
| 1. <u>Wheeling Island Race Track and Casino</u> | 4. <u>Encova</u> |
| 2. <u>Interstate Gas Supply</u> | 5. <u>Elevator Industry Workers Preservation Fund</u> |
| 3. <u>Stonerise Healthcare</u> | 6. <u>Holistic Industries, Inc.</u> |

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

Talked with executive and legislative members and staff regarding client issues

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.