

Received

JAN 11 2022

WV Ethics Commission

West Virginia Ethics Commission

Lobbyist Activity Report Form

2021-03

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

Address 600 Kanawha Blvd. E. Suite 201

Email swhite@whiteplc.com

City, State Zip Charleston, WV 25311

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

Check	Report	Period	Due Date				
x	2021-3	9/1/21-12/31/21	1/18/22				

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

Use additional reporting forms if necessary.

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

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

talking with legislators/executive

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.						\$2800
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.

Continued on page 2

West Virginia Ethics Commission
Lobbyist Activity Report Form
 2021-03

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
 Address 600 Kanawha Blvd. E. Suite 201 Email rwhite@whitepllc.com
 City, State Zip Charleston, WV 25311

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

Check	Report	Period	Due Date				
x	2021-3	9/1/21-12/31/21	1/18/22				

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

1. Interstate Gas Supply, Inc. 4. Holistic Industries, Inc.
 2. Wheeling Island Racetrack and Casino 5. Stonerise Healthcare
 3. Elevator Industry Workers Preservation Fund 6. _____

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

talking with legislators/executive

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.

Continued on page 2