Received

West Virginia Ethics Commission

Lobbyist Activity Report Form MAY 15 2017

2017-01

WV Ethics Commission

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)

Lobbyist certification - Please read and sign below.

Name and contact information										
Name S. Ryan White						Phone	Phone 304-720-1400 Email rwhite@whitepllc.com			
600 Kanawha Blyd E. Suite 201						Email F	rwhite@whitepllc.com			
Address Email										
City, State Zip Charleston, WV 25301										
2. Reporting period for which this activity report is being filed										
Check	1	Period	Due Date							
×	2017-1	1/1/17-4/30/17	5/15/2017							
3. List all employers/organizations that you represent as a lobbyist										
J. L.	Wheeling Island Hetel and Casino									
1	1									
2	Elevator Industry Workers Preservation Fund 5.									
3	Stonerise Healthcare 6.									
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."										
Spoke with legislators and executive department										
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										
catego	ories per eac	h employer you rep	oresent. Comp	lete and attach	Schedule A to t	nis report.				
	diture Categ		Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended	
Α.	Meals and	Beverages	\$	\$	\$	\$	\$	\$	\$	
В.	Lodging		\$	\$	\$	\$	\$	\$	\$	
C.	Advertisin	g	\$	\$	\$	\$	\$	\$	\$	
D.	Travel		\$	\$	\$	\$	\$	\$	\$	
E.	Gifts		\$	\$	\$	\$	\$	\$	\$	
F.	Other Exp	enses	\$	\$	\$	S	\$	\$	\$	
G.	Group Exp	enditures	\$	\$	\$	\$	\$	\$	\$	
Н.	Campaign	Contributions	LIST ANIOGNI III TOTAL ZIM						\$	
1.	TOTAL of	all expenditures	\$	\$	\$	\$	\$	\$	\$	
If you	sponsored o	or contributed to ar	ny group event	or shared expe	nses, list the tot	al expended in	ategory 5G imn	nediately above	e. Complete and	
attach a Schedule B for each event.										

To the best of my knowledge, the information contained hereon and on any attached materials is true, correct and complete. I understand that it is