

Received

JAN 07 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 Beth A. White Phone (304)344-0692
 Business Address 208 Capitol Street, Suite 100 Business Email bethwhite@wvaj.org
 City, State Zip Charleston, West Virginia 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. West Virginia Association for Justice
2. _____
3. _____
4. _____
5. _____
6. _____

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

Mailed letters to returning and newly elected legislators, providing an introduction to WVAJ and the importance of the civil justice system.

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.