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West Virginia Ethics Commission

## **Lobbyist Activity Report Form**

2022-02

West Virginia Ethics Commission Attn: Lobbyist Registrar 210 Brooks St., Ste. 300 Charleston, WV 25301 304-558-0664

For office use only:
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Days late

No faxed copies

Fine .

Late reporting fine - \$10 per business day past the due date (\$250 maximum)

| 1. Name and contact information   |   |                    |               |                 |                    |                                     |                  |                 |                 |  |
|---|---|--------------------|---------------|-----------------|--------------------|-------------------------------------|------------------|-----------------|-----------------|--|
| Name L Gil White  |   |                    |               |                 |                    | Phone                               | Phone 3042806966 |                 |                 |  |
| Address P.O. Box 1588   |   |                    |               |                 |                    | Email gil.white@steptoe-johnson.com |                  |                 |                 |  |
| Address Elliali_o V V V   |   |                    |               |                 |                    |                                     |                  |                 |                 |  |
| Charleston VAV 25226 1599   |   |                    |               |                 |                    |                                     |                  |                 |                 |  |
| City, State Zip Charleston WV 25326-1588  |   |                    |               |                 |                    |                                     |                  |                 |                 |  |
|   |   |                    |               |                 |                    |                                     |                  |                 |                 |  |
| 2. Reporting period for which this activity report is being filed   |   |                    |               |                 |                    |                                     |                  |                 |                 |  |
| Check   |   | Period             | Due Date      |                 |                    |                                     |                  |                 |                 |  |
| Х   | 2022-2  | 5/1/22-8/31/22     | 9/15/22       |                 |                    |                                     |                  |                 |                 |  |
|   |   |                    |               |                 |                    |                                     |                  |                 |                 |  |
|   |   |                    |               |                 |                    |                                     |                  |                 |                 |  |
| 3. Li   | List all employers/organizations that you represent as a lobbyist  Use additional reporting forms if necessary. |                    |               |                 |                    |                                     |                  |                 |                 |  |
| 1.  | 1. Steptoe & Johnson PLLC 4. Antero Resources   |                    |               |                 |                    |                                     |                  |                 |                 |  |
| 2.  | 2. American Health Insurance Plans 5. Appalachian Power Company   |                    |               |                 |                    |                                     |                  |                 |                 |  |
| 2   | 3. American Public University , Inc 6. Caiman II / Blueracer  |                    |               |                 |                    |                                     |                  |                 |                 |  |
| 3.  | 5   |                    |               |                 |                    |                                     |                  |                 |                 |  |
|   |   |                    |               |                 |                    |                                     |                  |                 |                 |  |
| 4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."   |   |                    |               |                 |                    |                                     |                  |                 |                 |  |
| None  |   |                    |               |                 |                    |                                     |                  |                 |                 |  |
|   |   |                    |               |                 |                    |                                     |                  |                 |                 |  |
|   |   |                    |               |                 |                    |                                     |                  |                 |                 |  |
|   |   |                    |               |                 |                    |                                     |                  |                 |                 |  |
| 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  | ries per each   | employer you rep   | resent. Comp  | lete and attach | Schedule A to t    | nis report.                         |                  |                 | -               |  |
| Expen   | diture Catego   | ries               | Employer 1    | Employer 2      | Employer 3         | Employer 4                          | Employer 5       | Employer 6      | Total Expended  |  |
| A.  | Meals and B   | Severages          | \$            | \$              | \$                 | \$                                  | \$               | \$              | \$              |  |
| B.  | Lodging   |                    | \$            | \$              | \$                 | \$                                  | \$               | \$              | \$              |  |
| C.  | Advertising   |                    | \$            | \$              | \$                 | \$                                  | \$               | \$              | \$              |  |
| D.  | Travel  |                    |               | \$              | \$                 | \$                                  | \$               |                 |                 |  |
| E.  | Gifts \$ \$ \$  |                    | \$            | \$              | \$                 | \$                                  |                  |                 |                 |  |
| F.  | Other Expenses \$ \$  |                    | \$            | \$              | \$                 | \$                                  | \$               |                 |                 |  |
| G.  | Group Expe  | nditures           | \$            | \$              | \$                 | \$                                  | \$               | \$              | \$              |  |
| Н.  | Campaign Contributions LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. \$   |                    |               |                 |                    |                                     |                  |                 | \$              |  |
| l.  | TOTAL of all  | expenditures       | \$            | \$              | \$                 | \$                                  | \$               | \$              | \$ 0.00         |  |
| If you  | sponsored or  | contributed to any | y group event | or shared expe  | nses, list the tot | al expended in c                    | ategory 5G imn   | nediately above | e. Complete and |  |
| attach a Schedule B for each event.   |   |                    |               |                 |                    |                                     |                  |                 |                 |  |

## Additional employers/organizations represented as a lobbyist:

- 7. CGI Technology and Solutions Inc
- 8. Consol Energy Inc.
- 9. Credit Union League/WV
- 10. CVS Health
- 11. Encova Mutual Insurance Group
- 12. Facebook Inc.
- 13. Genisus Partners LP
- 14. Global Tel Link Corp
- 15. Motorola Solutions Inc.
- 16. Mountaineer Park Inc.
- 17. National Federation of Independent Business
- 18. Northeast Natural Energy LLC
- 19. Pepisco
- 20. Press Association / WV
- 21. Primecare Medical of WV
- 22. RED -- Regional Economic Development Partnership
- 23. Society of Anesthesiologists / WV
- 24. Aetna Better Health of WV
- 25. The Monument Companies

- 26. Trulieve WV Inc.
- 27. UTEC Utilities, Telecommunications, Energy Coalition
- 28. Vesta Solutions Inc.
- 29. Westlake Chemical Corporation
- 30. Wheeling Hospital