

Received

MAY 13 2024

West Virginia Ethics Commission

Lobbyist Activity Report Form

2024-1

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)

1. Name and contact information

Name G. Kurt Dettinger Phone 304-353-8000
 Address 707 Virginia Street, East Email kurt.dettinger@steptoe-johnson.com
Suite 1700
 City, State Zip Charleston, WV 25301

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

Check	Report	Period	Due Date				
x	2024-1	1/1/24-4/30/24	5/15/2024				

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

1. Aetna Better Health of WV 4. Appalachian Power
 2. Americas Health Insurance Plans 5. Caiman II/BlueRacer
 3. Antero Resources 6. See Exhibit A for Additional Employers

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

Issue education and advocacy

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	<i>LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.</i>						\$8,250.00
I. TOTAL of all expenditures	\$	\$	\$	\$	\$	\$	\$8,250.00

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.

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