

Received

MAY 19 2021

WV Ethics Commission

West Virginia Ethics Commission

Lobbyist Activity Report Form

2021-01

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 2 Fine \$20

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@whiteplc.com
 City, State Zip Charleston, WV 25301

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

Check	Report	Period	Due Date				
x	2021-01	1/1/21 - 4/30/21	5/17/21				

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

1. <u>Wheeling Island Race Track and Casino</u>	4. <u>Elevator Industry Workers Preservation Fund</u>
2. <u>Interstate Gas Supply</u>	5. <u>Holistic Industries Inc.</u>
3. <u>Stonerise Healthcare</u>	6. _____


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

Talked with executive and legislative members and staff regarding issues

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