SEP 1 5 2020

WV Ethics Commission

West Virginia Ethics Commission

attach a Schedule B for each event.

Lobbyist Activity Report Form

2020-02

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

Days late

____ Rec'd__ Fine ___

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

1. Name and contact information											
Name Elaine A. Harris Phone (Office) 304-342-2023 (Cell) 304-541-72										41-7293	
Business Address 900 Lee Street, Suite 1212 Business Email eharris@cwa-union.org											
City, State Zip Charleston, WV 25301											
2. Reporting period for which this activity report is being filed											
Check	7	Period	Due Date	1984/14/123					T		
x	2020-2	5/1/20 - 8/31/20	9/15/2020								
3. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary.											
1. Communications Workers of America, AFL-CIO 4.											
1. Communications workers of America, AFL-ClO 4.											
2. West Virginia Troopers Association/CWA Local 2019 5.											
-											
36											
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											
categories per each employer you represent. Complete and attach Schedule A to this report.											
	enditure Categories		Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6		Expended	
Α.		d Beverages	\$ 0.00	\$	\$	\$	\$	\$	\$	00.00	
В.	Lodging		\$ 0.00	\$	\$	\$	\$	\$	\$	00.00	
C.	Advertisi	ng	\$ 0.00	\$	\$	\$	\$	\$	\$	00.00	
D.	Travel		\$ 0.00	\$	\$	\$	\$	\$	\$	00.00	
E.	Gifts			\$	\$	\$	\$	\$	00.00		
F.	Other Exp		\$ 0.00	\$	\$	\$	\$	\$	\$	00.00	
G.				\$	\$	\$	\$	\$	00.00		
Н.		Contributions			7	-			>	450.00	
I.	I. TOTAL of all expenditures \$ \$ \$ \$ \$ \$ 450.00 If you sponsored or contributed to any group event or shared expenses, list the total expended in category 5G immediately above. Complete and										