

Received  
 JAN 15 2020  
 WV Ethics Commission

**West Virginia Ethics Commission**  
**Lobbyist Activity Report Form**  
 2019-03

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 Elaine A. Harris Phone (Office) 304-342-2023 (Cell) 304-541-7293  
 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 | Report | Period            | Due Date  |  |  |  |  |
|-------|--------|-------------------|-----------|--|--|--|--|
| x     | 2019-3 | 9/1/19 - 12/31/19 | 1/15/2020 |  |  |  |  |
|       |        |                   |           |  |  |  |  |

**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. \_\_\_\_\_  
 2. West Virginia Troopers Association/CWA Local 2019 5. \_\_\_\_\_  
 3. \_\_\_\_\_ 6. \_\_\_\_\_

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

Budget - DMAPS & Overall Budget, PEIA Insurance, Telecom/Broadband, Staffing Shortages/Pay - Division of Corrections & Rehabilitation, Corrections Reorganization - Clean-up, Troopers Pay, Trooper Shortages and all other matters affecting workers and retirees.

**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       | \$ 0.00  | \$         | \$         | \$         | \$         | \$         | \$ 0.00        |
| B. Lodging                   | \$ 0.00  | \$         | \$         | \$         | \$         | \$         | \$ 0.00        |
| C. Advertising               | \$ 0.00  | \$         | \$         | \$         | \$         | \$         | \$ 0.00        |
| D. Travel                    | \$ 0.00  | \$         | \$         | \$         | \$         | \$         | \$ 0.00        |
| E. Gifts                     | \$ 0.00  | \$         | \$         | \$         | \$         | \$         | \$ 0.00        |
| F. Other Expenses            | \$ 0.00  | \$         | \$         | \$         | \$         | \$         | \$ 0.00        |
| G. Group Expenditures        | \$ 0.00  | \$         | \$         | \$         | \$         | \$         | \$ 0.00        |
| H. Campaign Contributions    | <i>LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.</i> |            |            |            |            |            | \$ 100.00      |
| I. TOTAL of all expenditures | \$ 0.00  | \$         | \$         | \$         | \$         | \$         | \$ 100.00      |

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.