**West Virginia Ethics Commission** 

## Lobbyist Activity Report For

2018-01



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:

Rec'd\_

Fine \_\_

Postmark \_\_\_\_

Days late \_

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

1. N	ame and co	ontact information								
Name Elaine A. Harris						Phone (Office) 304-342-2023 (Cell) 304-541-7293				
Address Huntington Square, Suite 1212						Email 6	Email eharris@cwa-union.org			
900 Lee Street										
City, State Zip Charleston, WV 25301										
ity, Si	tate Zip 👱	maneston, vv v z	-0001							
. R	eportine pe	riod for which this	activity repor	t is being filed						
heck	Report	Period	Due Date				I			
ж	2018-1	1/1/18-4/30/18	5/15/2018							
			_			nei r				
				1	-	· Marie Carlos				
3. List all employers/organizations that you represent as a lobbyist										
1.	Commur	nications Worke	rs of Americ	a, AFL-CIO	4					
2.	West Virg	jinia Troopers Ass	sociation/CW/	A Local 2019	5.					
		. ,							***	
3.					6					
. Lo	bbying act	ivity summary - If t	there was no a	ctivity or exper	nditures, indicat	e "none."	No.			
3udge	et - DMAP	S & Overall Budge	et, Pay, PEIA	Insurance, Te	lecom/Broadba	and, Staffing Sh	ortages/Pay -	Division of C	orrections,	
livieio	on of level	nile Services & Re	acional Iail E	molovees Lor	raevity Pay on	oosing abolish	ment of Civil S	ervice Covers	nge for covered	
			<u> </u>				TIGHT OF CIVIL O	el vice Covere	ige for covered	
State	Employe	es and all other	matters affe	ecting worker	s and retirees	5.				
									Lastinias (147 aur.)	
	penditures				V					
		, including campai				1)			sha falla	
		y on any public offi b employer you re					the amounts sp	ent in each of	the following	
categories per each employer you r Expenditure Categories			Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended	
		Beverages	\$ 0.00	S	S	\$	\$	\$	\$	
	Lodging		\$ 0.00	\$	s	S	S	\$	\$	
	Advertisin	g	\$ 0.00	\$	\$	\$	\$	\$	\$	
).	Travel		\$ 0.00	\$	\$	\$	\$	\$	\$	
	Gifts		\$ 0.00	\$	\$	\$	\$	\$	\$	
	Other Exp	enses	\$ 0.00	\$	\$	\$	\$	\$	\$	
ì.	Group Exp	enditures	\$ 0.00	\$	\$	\$	\$	\$	\$	
l.	Campaign	Contributions	LIST AMOUN	T IN "TOTAL EX	PENDED" COLU	MN.	a + Treat		\$	
	TOTAL of	all expenditures	\$ 0.00	\$	\$	\$	\$	\$	\$ 0.00	
you s	ponsored o	or contributed to an	η group event	or shared expe	nses, list the tot	al expended in o	ategory 5G imn	nediately above	e. Complete and	
tach	a Schedule	B for each event.								
اما	hhuist sant	ification Disease		alam						
Lo	obyist cert	ification – Please r	ead and sign b	elow.			samples and			
o the l	best of my	knowledge, the info	ormation conta	ained hereon ar	nd on any attach	ed materials is t	rue, correct and	l complete. I ui	nderstand that it	
	-	Code §6B-3-9 to wi			-					
ay be	fined, sent	enced to jail or bot	th.	-	-				- '	
	. c! ·	80	a. War	د د .			5 5	-10-18		
PODYIS	t Signature	: _ laire	w. Bar	سور			Date: _			