

**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: Rec'd\_ Postmark \_\_\_\_

Late reporting fine - \$10 per business day past the due date (\$250 maximum)  Days late Fine								
1.	Name and contact information							
Nam	<sub>e</sub> Kayla Young				Dh	304-561-4	234	
					Phone 304-561-4234			
Business Address 2206 Washington St E					Business Email hellokaylayoung@gmail.com			
City, State Zip charleston wv 25311								
2. Reporting period for which this activity report is being filed								
Chec		Due Date			3000	T		
x	2019-3 9/1/19 - 12/31/1	1/15/2020						
3. List all employers/organizations that you represent as a lobbyist  Use additional reporting forms if necessary.								
WV Environmental Council								
1. 4								
2 5								
3 6								
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.								
Expe	nditure Categories	Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended
A.	Meals and Beverages	\$	\$	\$	\$	\$	\$	\$
В.	Lodging	\$	\$	\$	\$	\$	\$	\$
C.	Advertising	\$	\$	\$	\$	\$	\$	\$
D.	Travel	\$	\$	\$	\$	\$	\$	\$
E.	Gifts	\$	\$	\$	\$	\$	\$	\$
F.	Other Expenses	\$	\$	\$	\$	\$	\$	\$
G.	Group Expenditures	\$	\$	\$	\$	\$	\$	\$
H.	Campaign Contributions	LIST AMOUN	T IN "TOTAL EX	PENDED" COLU	IMN.		<b>-</b>	\$
l.	TOTAL of all expenditures	\$	\$	\$	\$	\$	\$	\$
If you	sponsored or contributed to a	ny group event	or shared expe	nses, list the to	tal expended in c	ategory 5G imn	nediately above	e. Complete and

attach a Schedule B for each event.