## Received

## MAY 08 2020

WV Ethics Commission

**West Virginia Ethics Commission** 

## **Lobbyist Activity Report Form**

2020-01

West Virginia Ethics Commission Attn: Lobbyist Registrar 210 Brooks St., Ste. 300 Charleston, WV 25301 No faxed copies 304-558-0664 For office use only: Postmark \_\_\_\_ Rec'd\_

Late reporting fine - \$10 per business day past the due date (\$250 maximum)  Days late Pine										
1. Name and contact information										
Name Elaine A. Harris Phone (Office) 304-342-2023 (Cell) 304-541-7293										
			eet Suite	1212						
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	2020-1	1/1/20 - 4/30/20	5/15/202	0						
3. List all employers/organizations that you represent as a lobbyist  Use additional reporting forms if necessary.										
Communications Workers of America, AFL-CIO										
"										
2. West Virginia Troopers Association/CWA Local 2019 5.										
36										
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 - Further Clean-up, Troopers Pay, Trooper										
Shortages/Troopers On Call and all other matters affecting workers and retirees.										
5. Expenditures										
		s, including campai			The state of the s					
		y on any public off					he amounts sp	ent in each of t	he follow	wing
categories per each employer you represent. Complete and attach Schedule A to this report.										
	diture Cate		Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	-	xpended
A.		Beverages	\$ 0.00	\$	\$	\$	\$	\$	\$	
B.	Lodging		\$ 0.00	\$	\$	\$	\$	\$	\$	
C.	Advertisin	g	\$ 0.00		\$	\$	\$	\$	\$	
D.	Travel		\$ 0.00		\$	\$	\$	\$	\$	
E.	Gifts Other Fun		\$ 0.00 \$ 0.00	\$	\$	\$	\$	\$	\$	
F. G.	Other Exp			\$	\$	\$	\$	\$	\$	
H.		Contributions		-	PENDED" COLU	MN -	ý	7	\$	\$125.00
I.		all expenditures	\$	\$	\$	\$	Ś	Ś	\$	\$125.00
				-		1			Compl	
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.										