West Virginia Ethics Commission

attach a Schedule B for each event.

Lobbyist Activity Report Form

2020-01

West Virginia Ethics Commission Attn: Lobbyist Registrar 210 Brooks St., Ste. 300 Charleston, WV 25301 304-558-0664 No faxed cop

For office use only: Postmark

Days late _

No faxed copies

____ Rec'd_____

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

1. Name and contact information										
Name	Elizabeth House Phone 304-342-1115									
Busine	ss Address	WV Chamber	of Commerc	e	Bu	Business Email ehouse@wvchamber.com				
1624 Kanawha			Boulevard Ea	st						
City, S	tate Zip	Charleston, WV 25311								
2. Reporting period for which this activity report is being filed										
Check	Report	Period	Due Date							
X		1/1/20 - 4/30/20	5/15/202	The second secon						
		, , , , , , , , , ,	-,,							
3. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary.										
1.	1. WV Chamber of Commerce 4									
2										
2.	2 5									
3.	3 6									
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."										
Economic Development; Job Creation; Education; Environment										
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									Total Expended	
Α.		d Beverages	\$ 0	\$	\$	\$	\$	\$	\$	
В.	Lodging		\$ 0	\$	\$	\$	\$	\$	\$	
C.	Advertisin	ng	\$ 0	\$	\$	\$	\$	\$	\$	
D.	Travel		\$ 0	\$	\$	\$	\$	\$	\$	
E.	Gifts		\$ 0	\$	\$	\$	\$	\$	\$	
F.	Other Exp	penses	\$ 0	\$	\$	\$	\$	\$	\$	
G.	Group Ex	penditures	\$ 0	\$	\$	\$	\$	\$	\$	
Н.	Campaign	n Contributions	LIST AMOUN	T IN "TOTAL EX	PENDED" COLU	MN.	-	-	\$ 0	
1.	TOTAL of all expenditures \$ 0 \$ \$				\$	\$	\$	\$	\$ 0	
If you sponsored or contributed to any group event or shared expenses, list the total expended in category 5G immediately above. Complete and										