## Received

## MAY 16 2020

**West Virginia Ethics Commission** 

## WV Ethics Commission

## **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 copies

For office use only 16

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

								L			
1. Name and contact information											
Name Kayla Young							Phone _3045614234				
Business Address 2206 Washington St E							Business Email hellokaylayoung@gmail.com				
Business Address Business Email											
0000144 17 4 04 5											
City, State Zip 2206 Washington St E											
2. Reporting period for which this activity report is being filed											
Check	Report	Report Period Due Date									
Х	2020-1	1/1/20 - 4/30/20	5/15/2020								
3. List all employers/organizations that you represent as a lobbyist  Use additional reporting forms if necessary.											
	WV Environmental Council										
2.	2 5										
3.	3 6										
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."											
Educated Elected Officials on issues - no expenditures.											
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.											
Expen					Em	oloyer 3	Employer 4	Employer 5	Employer 6	Total Expended	
Α.	Meals an	d Beverages	\$ 0	\$	\$		\$	\$	\$	\$ 0	
B.	Lodging		\$ 0	\$	\$		\$	\$	\$	\$ 0	
C.	Advertisi	ng	\$ 0	\$	\$		\$	\$	\$	\$ 0	
D.	Travel		\$ 0	\$	\$		\$	\$	\$	\$ 0	
E.	Gifts		\$ 0	\$	\$		\$	\$	\$	\$ 0	
F.	Other Exp	penses	\$ 0	\$	\$		\$	\$	\$	\$ 0	
G.	Group Ex	penditures	\$ 0	\$	\$		\$	\$	\$	\$ 0	
H.	Campaigr	n Contributions	LIST AMOUN	T IN "TOTAL EX	PEND	ED" COLU	MN.	N. F. V (58)		\$ 0	
l.		all expenditures	\$ 0	\$	\$		\$	\$	\$	\$ 0	
If your	nonsored	or contributed to an	v group event	or shared expe	nses	ist the tot	al expended in o	ategory 5G imn	rediately above	Complete and	

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.