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West Virginia Ethics Commission

Lobbyist Activity Report Form

2022-01

By Ethics Commission at 9:29 am, May 11, 2022

Attn: Lobbyist Registrar 210 Brooks St., Ste. 300 Charleston, WV 25301

304-558-0664 For office use only: No faxed copies

Postmark_ Rec'd Days late_ Fine Late reporting fine - \$10 per business day past the due date (\$250 maximum)

1. Name and contact information										
Name Elaine A. Harris						Phone (Office) 304-342-2023 (Cell) 304-541-7293				
Address 400 Allen Drive, Suite 100						Email eharris@cwa-union.org				
Address Email_ondring										
0) 1 4 340 4 0 5 0 0 0										
City, State Zip Charleston, WV 25302										
2. Reporting period for which this activity report is being filed										
Check	-	Period	Due Date							
X	2022-1	1/1/22-4/30/22	5/16/22			10 V 10 V				
3. List all employers/organizations that you represent as a lobbyist										
1. Communications Workers of America, AFL-CIO 4.										
West Virginia Troopers Association/CWA Local 2019										
36										
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."										
Budget, DHS/DOC&R & Overall Budget, Telecom/Broadband, DOC&R, Troopers/Law Enforcement & Public Safety Legislation, PEIA,										
Pay Raise Bills, Public Employee Grievance Procedure, DOP Legislation and all other matters affecting workers and retirees.										
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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 E	xpended	
Α.	Meals and	Beverages	\$ 0.00	\$	\$	\$	\$	\$	\$	0.00
B.	Lodging		\$ 0.00	\$	\$	\$	\$	\$	\$	0.00
C.	Advertisin	g	\$ 0.00	\$	\$	\$	\$	\$	\$	0.00
D.	Travel		\$ 0.00		\$	\$	\$	\$	\$	0.00
Ε,	Gifts		\$ 0.00		\$	\$	\$	\$	\$	0.00
F,	Other Exp		\$ 0.00		\$	\$	\$	\$	\$	0.00
G.	Group Exp		\$ 0.00		\$	\$	\$	\$	\$	0.00
H _e		Contributions			(PENDED" COLU				\$	0.00
		all expenditures	\$ 0.00		\$	\$	\$ atagany EC imm	\$	\$ Con	0.00
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.										