

# Lobbyist Activity Report Form

2020-03

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:  
 Postmark \_\_\_\_\_ Rec'd \_\_\_\_\_  
 Days late \_\_\_\_\_ Fine \_\_\_\_\_

Received  
 JAN 14 2021  
 WV Ethics Commission

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

**1. Name and contact information**

Name Katrina Harmon

Phone 304-741-6197

Address 1 United Way Sq.,

Email \_\_\_\_\_

director@wvcca.org

City, State Zip Charleston, WV 25301

**2. Reporting period for which this activity report is being filed**

Check	Report	Period	Due Date				
x	2020-3	9/1/20-12/31/20	1/15/21				

**3. List all employers/organizations that you represent as a lobbyist**

*Use additional reporting forms if necessary.*

- |                                     |          |
|-------------------------------------|----------|
| 1. <u>WV Child Care Association</u> | 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: X*

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
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A.	Meals and Beverages	\$	\$	\$	\$	\$	\$	\$
B.	Lodging	\$	\$	\$	\$	\$	\$	\$
C.	Advertising	\$	\$	\$	\$	\$	\$	\$
D.	Travel	\$	\$	\$	\$	\$	\$	\$
E.	Gifts	\$	\$	\$	\$	\$	\$	\$
F.	Other Expenses	\$	\$	\$	\$	\$	\$	\$
G.	Group Expenditures	\$	\$	\$	\$	\$	\$	\$
H.	Campaign Contributions	<b>LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.</b> 						\$
I.	<b>TOTAL of all expenditures</b>	\$	\$	\$	\$	\$	\$	\$

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.