

West Virginia Ethics Commission

Lobbyist Activity Report Form

2024-1

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:

RECEIVED

By WV Ethics Commission at 9:08 am, May 09, 2024

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

1. Name and contact information

Name Elaine A. Harris
 Address 400 Allen Drive, Suite 100
 City, State Zip Charleston, WV 25302

Phone (Office) 304-342-2023 (Cell) 304-541-7293
 Email eharris@cwa-union.org

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

Check	Report	Period	Due Date				
x	2024-1	1/1/24-4/30/24	5/15/2024				

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

Use additional reporting forms if necessary.

1. Communications Workers of America, AFL-CIO
2. WV Troopers Association/CWA Local 2019
3. _____
4. _____
5. _____
6. _____

4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."

Budget, DHS/DOC&R & Overall Budget - Pay Increase/Staffing Crisis- Pay Equity for DOC&R Support Staff.
Telecom/Broadband, PEIA, Troopers/Law Enforcement & Public Safety/Pay Increase/Staffing, Pensions/Retirement.

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
A. Meals and Beverages	\$ 0.00	\$	\$	\$	\$	\$	\$ 0.00
B. Lodging	\$ 0.00	\$	\$	\$	\$	\$	\$ 0.00
C. Advertising	\$ 0.00	\$	\$	\$	\$	\$	\$ 0.00
D. Travel	\$ 0.00	\$	\$	\$	\$	\$	\$ 0.00
E. Gifts	\$ 0.00	\$	\$	\$	\$	\$	\$ 0.00
F. Other Expenses	\$ 0.00	\$	\$	\$	\$	\$	\$ 0.00
G. Group Expenditures	\$ 0.00	\$	\$	\$	\$	\$	\$ 0.00
H. Campaign Contributions	LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.						\$ 0.00
I. TOTAL of all expenditures	\$ 0.00	\$	\$	\$	\$	\$	\$ 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.

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