

Received

SEP 16 2024

WV Ethics Commission

West Virginia Ethics Commission

# Lobbyist Activity Report Form

2024-2

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 \_\_\_\_\_

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

### 1. Name and contact information

Name Elizabeth House  
Address West Virginia Chamber Foundation  
1624 Kanawha Blvd. East  
City, State Zip Charleston, WV 25311

Phone (304) 342-1115  
Email ehouse@wvchamber.com

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

Check	Report	Period	Due Date				
x	2024-2	5/1/24-8/31/24	9/16/2024				

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

Use additional reporting forms if necessary.

1. West Virginia Chamber Foundation
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_


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

Education; Workforce Development

### 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	\$	\$	\$	\$	\$	\$
B. Lodging	\$0	\$	\$	\$	\$	\$	\$
C. Advertising	\$0	\$	\$	\$	\$	\$	\$
D. Travel	\$0	\$	\$	\$	\$	\$	\$
E. Gifts	\$0	\$	\$	\$	\$	\$	\$
F. Other Expenses	\$0	\$	\$	\$	\$	\$	\$
G. Group Expenditures	\$0	\$	\$	\$	\$	\$	\$
H. Campaign Contributions	LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. 						\$ 1,041.02
I. TOTAL of all expenditures	\$0	\$	\$	\$	\$	\$	\$ \$1,041.02

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.

Continued on page 2