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By Ethics Commission at 1:40 pm, Jan 10, 2023

West Virginia Ethics Commission

Lobbyist Activity Report Form

2022-03

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 _____

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

City, State Zip Charleston, WV 25302

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

Check	Report	Period	Due Date				
x	2022-3	9/1/22-12/31/22	1/17/23				

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, Telecom/Broadband, Troopers/Law Enforcement & Public Safety, PEIA, Division of Personnel and all other matters affecting workers and retirees.

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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