

Received

JAN 15 2021

WV Ethics Commission

West Virginia Ethics Commission

# 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 \_\_\_\_\_

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

### 1. Name and contact information

Name Nancy J. Egan Phone 443-841-4174

Business Address 8700 W. Bryn Mawr Avenue, Ste. 1200s Business Email nancy.egan@apci.org

City, State Zip Chicago, IL 60631

### 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	1/15/2021				

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

Use additional reporting forms if necessary.

1. American Property Casualty Insurance Association
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_


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

All matters pertaining to the business of property and casualty insurance, including SB 545, HB 2725  
HB 2088 and COVID-19

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

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.