## **RECEIVED**

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

By Ethics Commission at 10:55 am, Sep 12, 2022

**West Virginia Ethics Commission** 

## **Lobbyist Activity Report Form**

2022-02

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

Days late \_

\_\_\_\_ Rec'd\_\_\_\_

1. Name and contact information									
Name Nancy J. Egan					Phone 4	Phone 443-441-4174			
						ail nancy.egan@apci.org			
Address OTOO VV. DI YII IVIAVVI 7 (VC., Oto. 12005 Email Harroy Ogarita apoliolig									
city, State Zip Chicago, IL 60631									
2. Reporting period for which this activity report is being filed									
Check		Due Date							
х	2022-2 5/1/22-8/31/22	9/15/22							
			_						
3. List all employers/organizations that you represent as a lobbyist  Use additional reporting forms if necessary.									
American Property Casualty Insurance Association									
2 5									
36									
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."									
none									
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.									
Exper	nditure Categories	Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended	
A.	Meals and Beverages	\$U	\$	\$	\$	\$	\$	\$ <b>0</b>	
B.	Lodging	\$ <b>U</b>	\$	\$	\$	\$	\$	\$ <b>0</b>	
C.	Advertising	\$U	\$	\$	\$	\$	\$	\$ 0	
D.	Travel	\$U	\$	\$	\$	\$	\$	\$ 0	
E.	Gifts	\$U	\$	\$	\$	\$	\$	\$ 0	
F.	Other Expenses	\$U	\$	\$	\$	\$	\$	\$ 0	
G.	Group Expenditures	\$ <b>U</b>	\$	\$	\$	\$	\$	\$ 0	
	Campaign Contributions	I IISI ARAMIN	., .N.".I.OTA.I EV	DEMINEIN" COLL	N//NI <b>-</b>				

\$

If you sponsored or contributed to any group event or shared expenses, list the total expended in category 5G immediately above. Complete and

Continued on page 2

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attach a Schedule B for each event.

**TOTAL** of all expenditures