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By WV Ethics Commission at 9:45 am, Sep 07, 2023

West Virginia Ethics Commission

Lobbyist Activity Report Form

2023-02

West Virginia Ethics Commission Attn: Lobbyist Registrar 210 Brooks St., Ste. 300 Charleston, WV 25301 304-558-0664

For office use only: Postmark

Days late

No faxed copies

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

Take reporting fine - \$20 per business any past the due date (\$250 maximum)										
1. Name and contact information										
Name Matt Overturf						Phone <u>(937)</u> 935-0432				
Address 530 Fagle Walk Road Email moverturf@namic.org										
Individualile.org										
City, State Zip_Delaware, OH 43015										
2. Reporting period for which this activity report is being filed										
Check	Report 2023-2	Period	Due Date 9/15/23	4						
X	2023-2	5/1/23-8/31/23	9/15/23	-		_				
				-						
2. List all annulus and a mainting that are compared to a labelistic to the conditional control of the conditional conditional control of the conditional control of the conditional co										
3. Li	3. List all employers/organizations that you represent as a lobbyist									
1. National Association of Mutual Insurance Companies (NAMIC) 4										
2.	2 5									
2										
3 6										
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."										
<u>None</u>										
5. Expenditures										
If no expenditures, including campaign contributions, mark here: _ \sqrt{ } _										
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										
	Meals and Beverages		Employer 1	Employer 2	Employer 3 \$	Employer 4	Employer 5	Employer 6	Total Expended	
A. B.		Beverages	\$	\$	\$	\$	\$	\$	\$	
С.	Lodging Advertisin	g	\$	\$	\$	\$	\$	\$	\$	
D.	Travel	ğ	\$	\$	\$	\$	\$	\$	\$	
D. Е.	Gifts		\$	\$	\$	\$	\$	\$	\$	
F.	Other Expenses		\$	\$	\$	\$	\$	\$	\$	
G.	Group Expenditures		\$	\$	\$	\$	\$	\$	\$	
H.	Campaign Contributions		Ŧ		→ PENDED" COLUN	•	٧	٧	\$	
п. I.	TOTAL of all expenditures		\$	Ś	\$	\$	\$	Ś	\$	
1.	f 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.