West Virginia Ethics Commission

Lobbyist Activity Report Form 2023-03

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

RECEIVED

Late re	porting f	ine - \$10 per busin	ess day pasi	t the due date	(\$250 I By V	/V Ethics Co	ommission a	at 3:21 pm,	Jan 16, 2024	
1. Na	ame and co	ntact information								
Name	H Dill B	attle III		Phone 304-340-3823						
Address 300 Kanawha Blvd., E.							Email hdbattle@spilmanlaw.com			
7100100										
City, St	ate Zip_C	harleston, WV 253	01							
2. Re	porting pe	riod for which this a	ctivity report	is being filed						
Check	Report	Period	Due Date							
x	2023-3	9/1/23-12/31/23	1/15/24							
3. Lis	List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary.									
	1 WV Self Insurers Association d/b/a WV Workers' Compensation Association									
1.	1. VVV Sell Insulers Association orbita vvV Workers Compensation Association									
2.	2 5									
3.	36									
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."										
	penditure									
If no e	xpenditure	s, including campaig	n contributio	ns, mark here:	_ X _					
If you s	pent mone	ey on any public offic	cial, employee	or member of	his or her immed	liate family, list t	the amounts sp	ent in each of t	the following	
catego	ries per ea	ch employer you rep					T = / =		1F 1-1	
Expen	diture Cate	gories	Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended	
A.	Meals an	d Beverages	\$	\$	\$	\$	\$	\$	\$	
B.	Lodging	and the second s	\$	\$	\$	\$	\$	\$	\$	
C.	Advertisi	ng	\$	\$	\$	\$	\$	\$	\$	
D.	Travel		\$	\$	\$	\$	\$	\$	\$	
E.	Gifts		\$	\$	\$	\$	\$	\$	\$	
F.	Other Exp	oenses	\$	\$	\$	\$	\$	\$	\$	
G.		penditures	\$	\$	\$	\$	\$	\$	\$	
Н.	Campaign	Campaign Contributions LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.					\$			
1.	TOTAL of	all expenditures	\$	\$	\$	\$	\$	\$	\$ 0.00	
		or contributed to an	y group event	or shared expe	enses, list the tot	al expended in c	ategory 5G imr	nediately above	e. Complete and	
attach	a Schedule	B for each event.								