

**RECEIVED**

By WV Ethics Commission at 12:00 pm, Sep 11, 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 \_\_\_\_\_ Rec'd \_\_\_\_\_  
Days late \_\_\_\_\_ Fine \_\_\_\_\_  
*No faxed copies*

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

**1. Name and contact information**  
Name H Dill Battle III Phone 304-340-3823  
Address 300 Kanawha Blvd., East Email hdbattle@spilmanlaw.com  
City, State Zip Charleston, WV 25301


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

Check	Report	Period	Due Date				
x	2023-2	5/1/23-8/31/23	9/15/23				

**3. 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 4. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_  
3. \_\_\_\_\_ 6. \_\_\_\_\_

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

**5. Expenditures**  
If no expenditures, including campaign contributions, mark here:    X     
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	\$	\$	\$	\$	\$	\$	\$
B. Lodging	\$	\$	\$	\$	\$	\$	\$
C. Advertising	\$	\$	\$	\$	\$	\$	\$
D. Travel	\$	\$	\$	\$	\$	\$	\$
E. Gifts	\$	\$	\$	\$	\$	\$	\$
F. Other Expenses	\$	\$	\$	\$	\$	\$	\$
G. Group Expenditures	\$	\$	\$	\$	\$	\$	\$
H. Campaign Contributions	LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. 						\$
I. TOTAL of all expenditures	\$	\$	\$	\$	\$	\$	\$

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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