

**West Virginia Ethics Commission**  
**Lobbyist Activity Report Form**  
 2024-01

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

No faxed copies

**RECEIVED**  
 By WV Ethics Commission at 3:24 pm, Apr 19, 2024

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

**1. Name and contact information**

Name     Matt Overturf     Phone     (937) 935-0432      
 Address     530 Eagle Walk Road     Email     mooverturf@namic.org      
 City, State Zip     Delaware, OH 43015    

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

Check	Report	Period	Due Date				
x	2024-1	1/1/24-4/32/24	5/15/24				

**3. List all employers/organizations that you represent as a lobbyist** *Use additional reporting forms if necessary.*

1. National Association of Mutual Insurance Companies 4. \_\_\_\_\_  
 2. \_\_\_\_\_ 5. \_\_\_\_\_  
 3. \_\_\_\_\_ 6. \_\_\_\_\_

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

Property/casualty legislative issues. HB 4823, SB 535, SB 583, SB 754, HB 4786, HB 5178

**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	<i>LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.</i>						\$
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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