## RECEIVED

By Ethics Commission at 10:41 am, Aug 17, 2022

West Virginia Ethics Commission

## Lobbyist Activity Report Form

2022-02

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

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 $\qquad$ Rec'd Fine $\qquad$

Phone 614-249-2070
Email $\qquad$

1. Name and contact information

| Name Robert Lindsey McCutchan | Phone 614-249-2070 |
| :--- | :--- |
| Address One Nationwide Plaza | Email |

city, State Zip Columbus, OH 43215
2. Reporting period for which this activity report is being filed

| Check | Report | Period | Due Date |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $\mathbf{x}$ | 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.

1. Nationwide
2. 
3. $\qquad$ 5.
4. $\qquad$ 6. $\qquad$
5. 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. |  |  |  |  |  |  |  |  |
| 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 AMOUN | IN "TOTAL EX | ENDED" COLU | N. |  | - | \$ |
| I. | TOTAL of all expenditures | \$ | \$ | \$ | \$ | \$ | \$ | \$ 0.00 |
| If you sponsored or contributed to any group event or shared expenses, list the total expended in category 5 G immediately above. Complete and attach a Schedule B for each event. |  |  |  |  |  |  |  |  |

