

Received  
 JAN 28 2020  
 WV Ethics Commission

West Virginia Ethics Commission  
**Lobbyist Activity Report Form**  
 2019-03

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 \_\_\_\_\_ Rec'd \_\_\_\_\_  
 Days late 8 Fine \$80

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

**1. Name and contact information**

Name Alexander Macia Phone 304-340-3835  
 Business Address Spilman Thomas & Battle, PLLC Business Email amacia@spilmanlaw.com  
300 Kanawha Boulevard, East  
 City, State Zip Charleston, West Virginia 25301

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

Check	Report	Period	Due Date				
x	2019-3	9/1/19 - 12/31/19	1/15/2020				

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

1. <u>West Virginia Energy Users</u>	4. <u>American College of Cardiology</u>
2. <u>Delta Dental</u>	5. <u>West Virginia Medical Association</u>
3. <u>Maximus</u>	6. <u>West Virginia Consumer Finance Association</u>

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

Lobbying related to healthcare, energy and utilities, and consumer finance issues.

**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 AMOUNT IN "TOTAL EXPENDED" COLUMN.						\$750.00
I. TOTAL of all expenditures	\$	\$	\$	\$	\$	\$	\$750.00

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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