

AMENDED REPORT

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
 304-558-0664
No faxed copies

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

RECEIVED
 By WV Ethics Commission at 12:45 pm, Oct 29, 2024

1. Name and contact information

Name Alexander Macia Phone 304-340-3835

Address Spilman Thomas & Battle, PLLC
300 Kanawha Boulevard, East Email amacia@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	2023-3	9/1/23-12/31/23	1/15/24				

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

1. <u>Consumer Finance Association of WV</u>	4. <u>National Council of Compensation Insurance</u>
2. <u>Delta Dental</u>	5. <u>WV Energy Users Group</u>
3. <u>State Medical Association</u>	6. _____

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

Banking/Finance Issues; Insurance Coverage Issues; Public Health

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.						\$
I. TOTAL of all expenditures	\$	\$	\$	\$	\$	\$	\$ 3,000.00

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.

Lobbyist Name	
---------------	--

6. Total of all expenditures from line 5-I. (on page 1)	
---	--

<p>7. Lobbyist certification – Please read and sign below.</p> <p>To the best of my knowledge, the information contained hereon and on any attached materials is true, correct and complete. I understand that it is a violation of WV Code §6B-3-9 to willfully and knowingly file a false or incomplete report. I further understand that if convicted of such an act, I may be fined, sentenced to jail or both.</p> <p>Lobbyist Signature: <u><i>Jennifer Meri</i></u> Date: <u>1/12/24</u></p>
--