

Received

SEP 18 2023

WV Ethics Commission

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

No faxed copies

For office use only:

Postmark

Rec'd

Days late

Fine

\$ 10.00

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

Address 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	2023-2	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. <u>Maximus</u> | 4. <u>WV State Medical Association</u> |
| 2. <u>Delta Dental</u> | 5. <u>WV Consumer Finance Association</u> |
| 3. <u>WVEUG</u> | 6. <u>Healthnet Aero Medical</u> |
| | 7. <u>NCCI</u> |

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

Engaged in Communications relating to healthcare, insurance, and energy regulation.

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	\$	\$	\$	\$	\$	\$	\$ 0.00

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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