

Received

SEP 15 2021

WV Ethics Commission

West Virginia Ethics Commission

# Lobbyist Activity Report Form

2021-02

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 \_\_\_\_\_

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

### 1. Name and contact information

Name Alexander Macia  
Address 300 Kanawha Boulevard East  
City, State Zip Charleston, WV 25301

Phone 304-340-3800  
Email amacia@spilmanlaw.com

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

Check	Report	Period	Due Date				
x	2021-2	5/1/21-8/31/21	9/15/21				

### 3. List all employers/organizations that you represent as a lobbyist

Use additional reporting forms if necessary.

- |   |                                 |
|---|---------------------------------|
| 1. <u>American Heart Association</u>      | 4. <u>WV Energy Users Group</u> |
| 2. <u>WV State Medical Association</u>    | 5. <u>Delta Dental</u>          |
| 3. <u>WV Consumer Finance Association</u> | 6. <u>Maximus</u>               |


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

Monitoring proposed legislation relating to insurance, public health, physicians practice and energy generation.

### 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	LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. 						\$
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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**3. List all employers/organizations that you represent as a lobbyist**

Use additional reporting forms if necessary.

1. American Counsel of Life Insurers
2. AIG-American International Group
3. National Council on Compensation Insurance
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

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

Monitoring proposed legislation relating to insurance, public health, physicians practice, and energy generation.

**5. Expenditures**

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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	\$	\$	\$	\$	\$	\$	\$

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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