

West Virginia Ethics Commission

Lobbyist Activity Report Form

2022-01

RECEIVED

By Ethics Commission at 7:32 pm, May 16, 2022

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 Spilman Thomas & Battle, PLLC
300 Kanawha Boulevard East
City, State Zip Charleston, WV 25301

Phone 304-340-3835
Email amacia@spilmanlaw.com

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

Check	Report	Period	Due Date				
x	2022-1	1/1/22-4/30/22	5/16/22				

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

Use additional reporting forms if necessary.

- | | |
|--|--|
| 1. <u>WV State Medical Association</u> | 4. <u>DXC; WWEUG</u> |
| 2. <u>Delta Dental</u> | 5. <u>American College of Cardiology</u> |
| 3. <u>NCCI; AIG</u> | 6. <u>American Heart Association</u> |

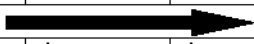
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."

Meetings with legislators regarding healthcare 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. 						\$
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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