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By WV Ethics Commission at 1:44 pm, May 15, 2023

West Virginia Ethics Commission

Lobbyist Activity Report Form

2023-01

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 Spilman Thomas & Battle, PLLC, Spilman Center, 300 Kanawha
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	2023-01	1/1/23-4/30/23	5/15/23

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

Use additional reporting forms if necessary.

- 1. Backyard Outfitters Enterprises, LLC
- 2. WV Consumer Finance Association
- 3. Delta Dental
- 4. HealthNet Aeromedical Services, Inc.
- 5. National Council on Compensation Ins.
- 6. Old Hickory Buildings, LLC

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

Advocated for legislation relating to healthcare and delivery of healthcare services, financial institutions; insurance; and energy policies

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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**Additional List of Employers/Organizations for No. 3 of Lobbyist Activity Report Form
2023-01**

7. State Medical Association
8. WV Energy Users Group