

Received  
MAY 04 2020  
WV Ethics Commission

**West Virginia Ethics Commission**  
**Lobbyist Activity Report Form**  
2020-01

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 David McMahon Phone 3049930468  
Business Address 1624 Kenwood Rd Business Email wvdauid@wvdauid.net  
City, State Zip Charleston, WV 25314

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

Check	Report	Period	Due Date				
x	2020-1	1/1/20 - 4/30/20	5/15/2020				

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

1. Mountain State Justice 4. \_\_\_\_\_  
2. WV Surface Owner's Rights Org. 5. \_\_\_\_\_  
3. \_\_\_\_\_ 6. \_\_\_\_\_

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

Contact legislature and some administrative agencies on behalf of surface owners subject to oil and gas drilling and on behalf of low income persons as listed in my registration.

**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	<i>LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.</i>						\$2100
I. TOTAL of all expenditures	\$	\$	\$	\$	\$	\$	\$2100

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.