

# LOBBYIST ACTIVITY REPORT

If registered to lobby only public servants of state government\* file with:  
**Cole Jester, Secretary of State**  
500 Woodlane Street  
Little Rock, AR 72201  
Phone (501) 682-5070  
Fax (501) 682-3408

Filing for \_\_\_\_\_  
(year)

Check here if this report is an amendment

For assistance in completing this form contact:  
Arkansas Ethics Commission  
Post Office Box 1917  
Little Rock, AR 72203-1917  
Phone (501) 324-9600  
Toll Free (800) 422-7773

\*Lobbyists who lobby public servants of (i) municipal government, (ii) county government, (iii) a governmental body covering a district which includes all or part of more than one county, or (iv) more than one type of governmental body should review Ark. Code Ann. § 21-8-602 to determine where to make their filings.

## INDIVIDUAL LOBBYIST OR FIRM INFORMATION

Print or Type

Name \_\_\_\_\_

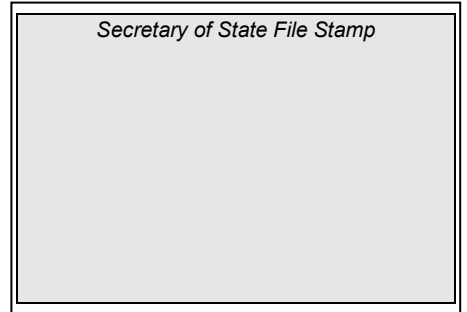
Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

### TYPE OF REPORT

- First Quarter (due April 15)
- Second Quarter (due July 15)
- Third Quarter (due October 15)
- Fourth Quarter (due January 15)
- Monthly Report for \_\_\_\_\_

**NO ACTIVITY** (Check if you are reporting no activity for all clients; file this page only)



### SIGNATURE

(If registered as a firm, each lobbyist listed on the firm registration must sign this report. Attach additional sheets if necessary)

Name \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

### AFFIDAVIT

I swear that I shall preserve and maintain for a period of four (4) years all documentation necessary to substantiate this report and that the information contained herein is true and correct to the best of my knowledge, information, and belief.

\_\_\_\_\_  
Signature of Individual Lobbyist or Contact Person for Firm

State of Arkansas )  
County of \_\_\_\_\_ )ss

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Legible Notary Seal)

Notary Signature \_\_\_\_\_

My Commission Expires \_\_\_\_\_

**Note: If faxed, raised notary seal must be inked and the original must follow within ten (10) days.**

# EXPENDITURES PER EMPLOYER OR CLIENT

Itemized and Non Itemized

*Use additional copies of this page if necessary*

Employer/Client Address Phone		Employer/Client Address Phone	
Item	Amount	Item	Amount
Advertising		Advertising	
Entertainment		Entertainment	
Food, Lodging or Travel		Food, Lodging or Travel	
Living Accommodations		Living Accommodations	
Postage		Postage	
Printing		Printing	
Special Events		Special Events	
Telephone		Telephone	
Other (list)		Other (list)	
<b>Total</b>		<b>Total</b>	

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Employer/Client Address Phone		Employer/Client Address Phone	
Item	Amount	Item	Amount
Advertising		Advertising	
Entertainment		Entertainment	
Food, Lodging or Travel		Food, Lodging or Travel	
Living Accommodations		Living Accommodations	
Postage		Postage	
Printing		Printing	
Special Events		Special Events	
Telephone		Telephone	
Other (list)		Other (list)	
<b>Total</b>		<b>Total</b>	

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Advertising		Advertising	
Entertainment		Entertainment	
Food, Lodging or Travel		Food, Lodging or Travel	
Living Accommodations		Living Accommodations	
Postage		Postage	
Printing		Printing	
Special Events		Special Events	
Telephone		Telephone	
Other (list)		Other (list)	
<b>Total</b>		<b>Total</b>	

# GIFTS

List each gift with a value exceeding \$100  
Use additional copies of this page if necessary

DATE	
COST/VALUE OF GIFT	\$
PUBLIC SERVANT BENEFITTED	First MI Last Governmental Body of Public Servant
DESCRIPTION OF GIFT	
AMOUNT PAID	\$
NAME OF EMPLOYER/CLIENT	
NAMES OF OTHER LOBBYISTS SHARING COST	
<hr/>	
DATE	
COST/VALUE OF GIFT	\$
PUBLIC SERVANT BENEFITTED	First MI Last Governmental Body of Public Servant
DESCRIPTION OF GIFT	
AMOUNT PAID	\$
NAME OF EMPLOYER/CLIENT	
NAMES OF OTHER LOBBYISTS SHARING COST	
<hr/>	
DATE	
COST/VALUE OF GIFT	\$
PUBLIC SERVANT BENEFITTED	First MI Last Governmental Body of Public Servant
DESCRIPTION OF GIFT	
AMOUNT PAID	\$
NAME OF EMPLOYER/CLIENT	
NAMES OF OTHER LOBBYISTS SHARING COST	
<hr/>	
DATE	
COST/VALUE OF GIFT	\$
PUBLIC SERVANT BENEFITTED	First MI Last Governmental Body of Public Servant
DESCRIPTION OF GIFT	
AMOUNT PAID	\$
NAME OF EMPLOYER/CLIENT	
NAMES OF OTHER LOBBYISTS SHARING COST	
<hr/>	
DATE	
COST/VALUE OF GIFT	\$
PUBLIC SERVANT BENEFITTED	First MI Last Governmental Body of Public Servant
DESCRIPTION OF GIFT	
AMOUNT PAID	\$
NAME OF EMPLOYER/CLIENT	
NAMES OF OTHER LOBBYISTS SHARING COST	

# FOOD, LODGING OR TRAVEL

List expenditures exceeding \$40 per person per day for food (including beverages), lodging or travel

DATE OF EXPENDITURE	/	/	AMOUNT PAID TOWARD EXPENDITURE	\$
PUBLIC SERVANT BENEFITED	First	MI	Last	Governmental Body Represented
DESCRIPTION OF ITEM				
NAME OF CONFERENCE, SEMINAR OR EVENT				
PURPOSE OF TRAVEL OR LODGING				
LODGING INFORMATION	Name of lodging establishment			
	Address	City	State	Zip
	Cost/Fair Market Value of Lodging (List Greater Value)			
	\$			
TRAVEL INFORMATION	Name of Entity Receiving Payment			
	Cost/Fair Market Value of Travel (List Greater Value)			
	\$			
EMPLOYER/CLIENT				
NAMES OF OTHER LOBBYISTS SHARING COST				

DATE OF EXPENDITURE	/	/	AMOUNT PAID TOWARD EXPENDITURE	\$
PUBLIC SERVANT BENEFITED	First	MI	Last	Governmental Body Represented
DESCRIPTION OF ITEM				
NAME OF CONFERENCE, SEMINAR OR EVENT				
PURPOSE OF TRAVEL OR LODGING				
LODGING INFORMATION	Name of lodging establishment			
	Address	City	State	Zip
	Cost/Fair Market Value of Lodging (List Greater Value)			
	\$			
TRAVEL INFORMATION	Name of Entity Receiving Payment			
	Cost/Fair Market Value of Travel (List Greater Value)			
	\$			
EMPLOYER/CLIENT				
NAMES OF OTHER LOBBYISTS SHARING COST				

## Food, Lodging or Travel Continued

DATE OF EXPENDITURE	/	/	AMOUNT PAID TOWARD EXPENDITURE	\$
PUBLIC SERVANT BENEFITED	First	MI	Last	Governmental Body Represented
DESCRIPTION OF ITEM				
NAME OF CONFERENCE, SEMINAR OR EVENT				
PURPOSE OF TRAVEL OR LODGING				
LODGING INFORMATION	Name of lodging establishment			
	Address	City	State	Zip
	Cost/Fair Market Value of Lodging (List Greater Value)			
	\$			
TRAVEL INFORMATION	Name of Entity Receiving Payment			
	Cost/Fair Market Value of Travel (List Greater Value)			
	\$			
EMPLOYER/CLIENT				
NAMES OF OTHER LOBBYISTS SHARING COST				

DATE OF EXPENDITURE	/	/	AMOUNT PAID TOWARD EXPENDITURE	\$
PUBLIC SERVANT BENEFITED	First	MI	Last	Governmental Body Represented
DESCRIPTION OF ITEM				
NAME OF CONFERENCE, SEMINAR OR EVENT				
PURPOSE OF TRAVEL OR LODGING				
LODGING INFORMATION	Name of lodging establishment			
	Address	City	State	Zip
	Cost/Fair Market Value of Lodging (List Greater Value)			
	\$			
TRAVEL INFORMATION	Name of Entity Receiving Payment			
	Cost/Fair Market Value of Travel (List Greater Value)			
	\$			
EMPLOYER/CLIENT				
NAMES OF OTHER LOBBYISTS SHARING COST				

## OTHER ITEMS

List any item with a value exceeding \$40

DATE ITEM GIVEN				
COST/VALUE OF ITEM	\$			
PUBLIC SERVANT BENEFITTED	First	MI	Last	Governmental Body of Public Servant
AMOUNT PAID				
DESCRIPTION OF ITEM				
NAME OF EMPLOYER/CLIENT				
NAMES OF OTHER LOBBYISTS SHARING COST				
<hr style="border: 1px solid black;"/>				
DATE ITEM GIVEN				
COST/VALUE OF ITEM	\$			
PUBLIC SERVANT BENEFITTED	First	MI	Last	Governmental Body of Public Servant
AMOUNT PAID				
DESCRIPTION OF ITEM				
NAME OF EMPLOYER/CLIENT				
NAMES OF OTHER LOBBYISTS SHARING COST				
<hr style="border: 1px solid black;"/>				
DATE ITEM GIVEN				
COST/VALUE OF ITEM	\$			
PUBLIC SERVANT BENEFITTED	First	MI	Last	Governmental Body of Public Servant
AMOUNT PAID				
DESCRIPTION OF ITEM				
NAME OF EMPLOYER/CLIENT				
NAMES OF OTHER LOBBYISTS SHARING COST				
<hr style="border: 1px solid black;"/>				
DATE ITEM GIVEN				
COST/VALUE OF ITEM	\$			
PUBLIC SERVANT BENEFITTED	First	MI	Last	Governmental Body of Public Servant
AMOUNT PAID				
DESCRIPTION OF ITEM				
NAME OF EMPLOYER/CLIENT				
NAMES OF OTHER LOBBYISTS SHARING COST				

# SPECIAL EVENTS

(Includes Hospitality Rooms)

Use additional copies of this page if necessary

DATE(S) OF EVENT	
NAME OF EVENT	
LOCATION OF EVENT	
GOVERNMENTAL BODY OR GROUP(S) OF PUBLIC SERVANTS INVITED	
AMOUNT PAID TOWARD TOTAL EXPENDITURE	
NAME OF EMPLOYER/CLIENT	
OTHER LOBBYISTS SHARING COST	
DATE(S) OF EVENT	
NAME OF EVENT	
LOCATION OF EVENT	
GOVERNMENTAL BODY OR GROUP(S) OF PUBLIC SERVANTS INVITED	
AMOUNT PAID TOWARD TOTAL EXPENDITURE	
NAME OF EMPLOYER/CLIENT	
OTHER LOBBYISTS SHARING COST	
DATE(S) OF EVENT	
NAME OF EVENT	
LOCATION OF EVENT	
GOVERNMENTAL BODY OR GROUP(S) OF PUBLIC SERVANTS INVITED	
AMOUNT PAID TOWARD TOTAL EXPENDITURE	
NAME OF EMPLOYER/CLIENT	
OTHER LOBBYISTS SHARING COST	
DATE(S) OF EVENT	
NAME OF EVENT	
LOCATION OF EVENT	
GOVERNMENTAL BODY OR GROUP(S) OF PUBLIC SERVANTS INVITED	
AMOUNT PAID TOWARD TOTAL EXPENDITURE	
NAME OF EMPLOYER/CLIENT	
OTHER LOBBYISTS SHARING COST	

## OTHER EXPENDITURES

Have you loaned or promised money or established a line of credit for or on behalf of a public servant over \$25 per individual?    Yes    No

If yes, complete the following information:

Date	Public Servant Benefited/Governmental Body Represented	Amount
		\$
		\$
		\$

Do you have a direct business association or partnership with any public servant whom you may lobby?    Yes    No

If yes, state the name of each such public servant and describe the business association or partnership in detail.

Name of public servant: \_\_\_\_\_

Business relationship: \_\_\_\_\_  
\_\_\_\_\_

Name of public servant: \_\_\_\_\_

Business relationship: \_\_\_\_\_  
\_\_\_\_\_

Name of public servant: \_\_\_\_\_

Business relationship: \_\_\_\_\_  
\_\_\_\_\_

Name of public servant: \_\_\_\_\_

Business relationship: \_\_\_\_\_  
\_\_\_\_\_