

LOBBYIST REGISTRATION FORM

Please print or type

If registering to lobby only public servants of state government* file with:
John Thurston, Secretary of State
State Capitol, Room 026
Little Rock, AR 72201
Phone (501) 682-5070
Fax (501) 682-3408

For assistance in completing this form contact:
Arkansas Ethics Commission
Post Office Box 1917
Little Rock, AR 72203
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.

Registration for _____
(year)

Check if this is an amended registration

Entity to be Lobbied

Check each applicable box

- | | | | |
|--------------------------|---|--------------------------|-------------------------------------|
| <input type="checkbox"/> | Members of the General Assembly | <input type="checkbox"/> | Public Servants of State Government |
| <input type="checkbox"/> | Public Servants of County Government _____ | | Name of County _____ |
| <input type="checkbox"/> | Public Servants of Municipal Government _____ | | Name of Municipality _____ |
| <input type="checkbox"/> | Public Servants of Other Governmental Body _____
(e.g., School District, Improvement District) | | Name of Governmental Body _____ |

Type of Registration

Check only one box

- Individual Lobbyist Firm

Name of individual lobbyist or firm _____

Address _____

City _____ State _____ Zip _____ Phone _____

If registering as a firm, list the name of a contact person: _____

If registering as a firm, list the name of each person who is authorized to lobby for the firm:

Print Name _____ Signature _____

Print Name _____ Signature _____

Print Name _____ Signature _____

Print Name _____ Signature _____

Print Name _____ Signature _____

Print Name _____ Signature _____

Client/Employer
List each client or employer for whom you lobby
All information must be complete

Name of Client/Employer	Mailing Address	Phone	Type of Business/Entity

I certify that I have examined this lobbyist registration form and the information contained herein is true and correct.

Signature of Individual Lobbyist/Contact Person for Firm

Date