

LOBBYIST ACTIVITY REPORT

If registered 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

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 _____

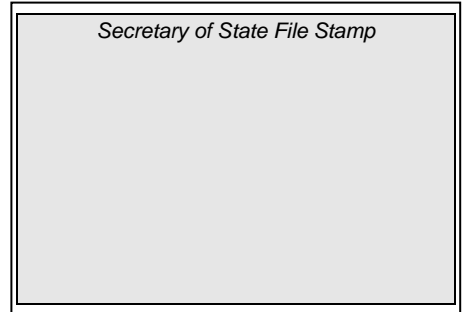
Address _____

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
)ss
County of _____

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 is 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)	
Total		Total	

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)	
Total		Total	

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)	
Total		Total	

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: _____
