#### LOBBYIST ACTIVITY REPORT

To be filed with: Charlie Daniels, Secretary of State State Capitol, Room 026 Little Rock, AR 72201 Phone (501) 682-5070 Fax (501) 682-3408

Filing for _	
<u> </u>	(vear)

☐ 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

# INDIVIDUAL LOBBYIST OR FIRM INFORMATION Print or Type

Name	9		
Addre	ess		
City_	State	Zip	Phone
TYPE	OF REPORT		Secretary of State File Stamp
	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	o activity for <b>all</b> clients; file	le this page only)
	IATURE stered as a firm, each lobbyist listed on the fi	rm registration must sig	ign this report. Attach additional sheets if necessary)
Name	<b>&gt;</b>	Signatı	ture
Name	9	Signatı	ture
Name	∋	Signatı	ture
Name	9	Signatı	ture
AFFII	DAVIT		
	r that I shall preserve and maintain for a perion repetion of the contained herein is true and correct		documentation necessary to substantiate this report and that wledge, information, and belief.
		Signature c	of Individual Lobbyist or Contact Person for Firm
	Arkansas )ss of		
Subscrib	bed and sworn before me this day of		_, 20
	(Legible Notary Seal)	Notary Signa	nature
		My Commiss	

### **EXPENDITURES PER EMPLOYER OR CLIENT**

#### Itemized and Non Itemized

Use additional copies of this page is necessary

Employer/Client		Employer/Client		
Address		Employer/Client Address		
Phone		Phone		
Item	Amount	Item	Amount	
Advertising	7 1110 0111	Advertising	7 1110 4111	
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)		
Ourier (not)		Other (not)		
Total		Total		
Employer/Client		Employer/Client		
Address		Address		
Phone		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		Employer/Client		
Address		Address		
Phone		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		es adamena. espece e.	, 0	
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				
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				
DATE				
COST/VALUE OF GIFT	\$			
COST/VALUE OF GIFT  PUBLIC SERVANT BENEFITTED	\$ First	MI	Last	Governmental Body of Public Servant
COST/VALUE OF GIFT PUBLIC SERVANT		MI	Last	Governmental Body of Public Servant
COST/VALUE OF GIFT  PUBLIC SERVANT BENEFITTED  DESCRIPTION OF GIFT  AMOUNT PAID		MI	Last	Governmental Body of Public Servant
COST/VALUE OF GIFT  PUBLIC SERVANT BENEFITTED  DESCRIPTION OF GIFT  AMOUNT PAID  NAME OF EMPLOYER/CLIENT	First	MI	Last	Governmental Body of Public Servant
COST/VALUE OF GIFT  PUBLIC SERVANT BENEFITTED  DESCRIPTION OF GIFT  AMOUNT PAID  NAME OF	First	MI	Last	Governmental Body of Public Servant
PUBLIC SERVANT BENEFITTED DESCRIPTION OF GIFT  AMOUNT PAID  NAME OF EMPLOYER/CLIENT NAMES OF OTHER LOBBYISTS SHARING	First	MI	Last	Governmental Body of Public Servant
PUBLIC SERVANT BENEFITTED DESCRIPTION OF GIFT  AMOUNT PAID  NAME OF EMPLOYER/CLIENT NAMES OF OTHER LOBBYISTS SHARING COST	First	MI	Last	Governmental Body of Public Servant
COST/VALUE OF GIFT  PUBLIC SERVANT BENEFITTED  DESCRIPTION OF GIFT  AMOUNT PAID  NAME OF EMPLOYER/CLIENT NAMES OF OTHER LOBBYISTS SHARING COST  DATE	First \$	MI	Last	Governmental Body of Public Servant  Governmental Body of Public Servant
PUBLIC SERVANT BENEFITTED DESCRIPTION OF GIFT  AMOUNT PAID  NAME OF EMPLOYER/CLIENT NAMES OF OTHER LOBBYISTS SHARING COST  DATE  COST/VALUE OF GIFT  PUBLIC SERVANT	First \$			
COST/VALUE OF GIFT  PUBLIC SERVANT BENEFITTED  DESCRIPTION OF GIFT  AMOUNT PAID  NAME OF EMPLOYER/CLIENT NAMES OF OTHER LOBBYISTS SHARING COST  DATE  COST/VALUE OF GIFT  PUBLIC SERVANT BENEFITTED	First \$			
PUBLIC SERVANT BENEFITTED  DESCRIPTION OF GIFT  AMOUNT PAID  NAME OF EMPLOYER/CLIENT NAMES OF OTHER LOBBYISTS SHARING COST  DATE  COST/VALUE OF GIFT  PUBLIC SERVANT BENEFITTED  DESCRIPTION OF GIFT	First  \$ First			

## FOOD, LODGING OR TRAVEL

List expenditur	res exceeding	\$40 per person pe	r day for food (including	g beverages), lodging or trave	el
DATE OF EXPENDITURE			AMOUNT TOWARD EXP		
PUBLIC SERVANT BENEFITED	First	MI	Last	Governmental E	Body Represented
DESCRIPTION OF ITEM					
NAME OF CONFERENCE, SEMINAR OR EVENT					
PURPOSE OF TRAVEL OR LODGING					
LODGING INFORMATION	Name of lodg	ing establishment			
	Address		City	State	Zip
	Cost/Fair Mar	rket Value of Lodging	(List Greater Value)		
	\$				
TRAVEL INFORMATION	Name of Entit	ty Receiving Paymen	ıt		
	Cost/Fair Mar	rket Value of Travel (	List Greater Value)		
END OVER/OUTENT	\$				
EMPLOYER/CLIENT					
NAMES OF OTHER LOBBYISTS SHARING COST	<u> </u>				
2475.05			AMOUNT		
DATE OF EXPENDITURE	/	/	AMOUNT TOWARD EXP	ENDITURE \$	
PUBLIC SERVANT BENEFITED	First	MI	Last	Governmental E	Body Represented
DESCRIPTION OF ITEM					
NAME OF CONFERENCE, SEMINAR OR EVENT					
PURPOSE OF TRAVEL OR LODGING					
LODGING INFORMATION	Name of lodg	ing establishment			
	Address		City	State	Zip
	Coat/Fair May	rket Value of Lodging	(List Greater Value)		

Name of Entity Receiving Payment

Cost/Fair Market Value of Travel (List Greater Value)

TRAVEL INFORMATION

EMPLOYER/CLIENT

NAMES OF OTHER LOBBYISTS SHARING COST

## Food, Lodging or Travel Continued

DATE OF EXPENDITURE	1	1	AMOUNT PAID TOWARD EXPENDITURE	\$	
PUBLIC SERVANT BENEFITED	First	MI	Last	Governmental Body Repre	esented
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 (Lis	st Greater Value)		
TRAVEL INFORMATION		eceiving Payment			
	Cost/Fair Market	Value of Travel (List	Greater Value)		
EMPLOYER/CLIENT					
NAMES OF OTHER LOBBYISTS SHARING COST					

DATE OF EXPENDITURE	1	/	AMOUNT PAID TOWARD EXPENDITUR	RF \$	
PUBLIC SERVANT BENEFITED	First	MI	Last	Governmental Body Repr	esented
DESCRIPTION OF ITEM					
NAME OF CONFERENCE, SEMINAR OR EVENT					
PURPOSE OF TRAVEL OR LODGING					
LODGING INFORMATION	Name of lodgir	ng establishment			
	Address		City	State	Zip
	/ taulous		Only	Cidio	<b>-</b> ip
	Cost/Fair Mark	et Value of Lodging (l	List Greater Value)		
	\$				
TRAVEL INFORMATION		Receiving Payment			
	Cost/Fair Mark	et Value of Travel (Lis	st Greater Value)		
	\$				
EMPLOYER/CLIENT					
NAMES OF OTHER					
LOBBYISTS SHARING COST					

### **OTHER ITEMS**

List any item with a value exceeding \$40

DATE ITEM GIVEN		,	a value exceeding who	
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				
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				
DATE ITEM GIVEN				
DATE ITEM GIVEN  COST/VALUE OF ITEM	\$			
	\$ First	MI	Last	Governmental Body of Public Servant
COST/VALUE OF ITEM  PUBLIC SERVANT BENEFITTED  AMOUNT PAID	·	MI	Last	Governmental Body of Public Servant
COST/VALUE OF ITEM  PUBLIC SERVANT BENEFITTED  AMOUNT PAID  DESCRIPTION OF ITEM	·	MI	Last	Governmental Body of Public Servant
COST/VALUE OF ITEM  PUBLIC SERVANT BENEFITTED  AMOUNT PAID  DESCRIPTION OF ITEM  NAME OF EMPLOYER/CLIENT	·	MI	Last	Governmental Body of Public Servant
COST/VALUE OF ITEM  PUBLIC SERVANT BENEFITTED  AMOUNT PAID  DESCRIPTION OF ITEM NAME OF	·	MI	Last	Governmental Body of Public Servant
COST/VALUE OF ITEM  PUBLIC SERVANT BENEFITTED  AMOUNT PAID  DESCRIPTION OF ITEM NAME OF EMPLOYER/CLIENT NAMES OF OTHER	·	MI	Last	Governmental Body of Public Servant
COST/VALUE OF ITEM  PUBLIC SERVANT BENEFITTED  AMOUNT PAID  DESCRIPTION OF ITEM NAME OF EMPLOYER/CLIENT NAMES OF OTHER LOBBYISTS SHARING COST	·	MI	Last	Governmental Body of Public Servant
COST/VALUE OF ITEM  PUBLIC SERVANT BENEFITTED  AMOUNT PAID  DESCRIPTION OF ITEM NAME OF EMPLOYER/CLIENT NAMES OF OTHER LOBBYISTS SHARING COST  DATE ITEM GIVEN  COST/VALUE OF ITEM  PUBLIC SERVANT BENEFITTED	First	MI	Last	Governmental Body of Public Servant  Governmental Body of Public Servant
COST/VALUE OF ITEM  PUBLIC SERVANT BENEFITTED  AMOUNT PAID  DESCRIPTION OF ITEM NAME OF EMPLOYER/CLIENT NAMES OF OTHER LOBBYISTS SHARING COST  DATE ITEM GIVEN  COST/VALUE OF ITEM  PUBLIC SERVANT	First \$			
COST/VALUE OF ITEM  PUBLIC SERVANT BENEFITTED  AMOUNT PAID  DESCRIPTION OF ITEM NAME OF EMPLOYER/CLIENT NAMES OF OTHER LOBBYISTS SHARING COST  DATE ITEM GIVEN  COST/VALUE OF ITEM  PUBLIC SERVANT BENEFITTED AMOUNT PAID  DESCRIPTION OF ITEM	First \$			
COST/VALUE OF ITEM  PUBLIC SERVANT BENEFITTED AMOUNT PAID  DESCRIPTION OF ITEM NAME OF EMPLOYER/CLIENT NAMES OF OTHER LOBBYISTS SHARING COST  DATE ITEM GIVEN  COST/VALUE OF ITEM  PUBLIC SERVANT BENEFITTED AMOUNT PAID  DESCRIPTION OF	First \$			

## **SPECIAL EVENTS**

(Includes Hospitality Rooms)
Use additional copies of this page if necessary

	eco dadinorial copies of the page it recossary
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	
DATE(S) OF EVENT  NAME OF EVENT	
NAME OF EVENT	
NAME OF EVENT  LOCATION OF EVENT  GOVERNMENTAL BODY	
NAME OF EVENT  LOCATION OF EVENT  GOVERNMENTAL BODY OR GROUP(S) OF PUBLIC	
NAME OF EVENT  LOCATION OF EVENT  GOVERNMENTAL BODY OR GROUP(S) OF PUBLIC SERVANTS INVITED	
NAME OF EVENT  LOCATION OF EVENT  GOVERNMENTAL BODY OR GROUP(S) OF PUBLIC SERVANTS INVITED AMOUNT PAID TOWARD TOTAL EXPENDITURE	
NAME OF EVENT  LOCATION OF EVENT  GOVERNMENTAL BODY OR GROUP(S) OF PUBLIC SERVANTS INVITED AMOUNT PAID TOWARD TOTAL EXPENDITURE NAME OF EMPLOYER/CLIENT	
NAME OF EVENT  LOCATION OF EVENT  GOVERNMENTAL BODY OR GROUP(S) OF PUBLIC SERVANTS INVITED AMOUNT PAID TOWARD TOTAL EXPENDITURE NAME OF	
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	
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	
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	
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	
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	
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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	
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	

## **OTHER EXPENDITURES**

Have you loaned or p over \$25 per individu	promised money or established a line of credit for or on behalf of al?	a public servant
If yes, complete the fo	ollowing information:	
Date	Public Servant Benefited/Governmental Body Represented	Amount
	,	\$
		\$
		\$
Do you have a direct lobby?	business association or partnership with any public servant who	m you may
If yes, state the name partnership in detail.	e of each such public servant and describe the business associa	tion or
Name of public serva	nt:	
Business relationship	:	
Name of public serva	nt:	
Business relationship	:	
Name of public serva	nt:	
Business relationship	:	
Name of public serva	nt:	
Business relationship	:	