LOBBYIST ACTIVITY REPORT

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

Filing for 2015
(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 Eric Axel

Address 12404 Park Central Dr Ste 400

City Dallas State TX Zip 75251 Phone (972) 863-7878

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 February

☐ **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 Eric Axel Signature on file

Name Signature on file

Name Signature on file

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.

on file
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 on file

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: Compass Professional Health Services
Address: 3102 OAK LAWN AVE, STE 215, DALLAS, TX, 75219
Phone: (800) 513-1667

Item	Amount
Advertising	
Entertainment	
Food, Lodging and Travel	366.20
Living Accommodations	
Postage	
Printing	
Special Event	
Telephone	
Total	366.20

Employer/Client:
Address:
Phone:

Item	Amount
Advertising	
Entertainment	
Food, Lodging and Travel	
Living Accommodations	
Postage	
Printing	
Special Event	
Telephone	
Total	

Employer/Client:
Address:
Phone:

Item	Amount
Advertising	
Entertainment	
Food, Lodging and Travel	
Living Accommodations	
Postage	
Printing	
Special Event	
Telephone	
Total	

Employer/Client:
Address:
Phone:

Item	Amount
Advertising	
Entertainment	
Food, Lodging and Travel	
Living Accommodations	
Postage	
Printing	
Special Event	
Telephone	
Total	

Employer/Client:
Address:
Phone:

Item	Amount
Advertising	
Entertainment	
Food, Lodging and Travel	
Living Accommodations	
Postage	
Printing	
Special Event	
Telephone	
Total	

Employer/Client:
Address:
Phone:

Item	Amount
Advertising	
Entertainment	
Food, Lodging and Travel	
Living Accommodations	
Postage	
Printing	
Special Event	
Telephone	
Total	

GIFTS

List each gift with a value exceeding $100

DATE	N/A			
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				
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				

FOOD, LODGING OR TRAVEL

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

DATE OF EXPENDITURE	N/A		AMOUNT PAID TOWARD EXPENDITURE	
PUBLIC SERVANT BENEFITED	First	MI	Last	Governmental Body of Public Servant
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 of Public Servant
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	N/A			
COST/VALUE OF ITEM				
PUBLIC SERVANT BENEFITED	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 BENEFITED	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 BENEFITED	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 BENEFITED	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	N/A
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
N/A	N/A	N/A

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: N/A

Business relationship: N/A

Name of public servant: _____

Business relationship: _____

Name of public servant: _____

Business relationship: _____

Name of public servant: _____

Business relationship: _____

Acceptance

By checking the "accept" box you are signing your electronic signature. Your electronic signature is for this filing only and is the equivalent of your physical signature and is being used in lieu of your physical signature. Pursuant to Ark. Code Ann. § 21-8-603 you are stating under penalty of perjury that: 1) you are a registered lobbyist and 2) your lobbyist report is accurate.

Accept: ☑