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

Filing for <u>2015</u> (year)

Check here if this report is an amendment

Fax (501) 682-3408

*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 East Arkansas Area Agency on Aging, Inc

Address 2005 E. Highland								
City <u>Jonesboro</u>		State AR	Zip 72401	Phone	Phone <u>(870) 930-2202</u>			
TYPE OF REPORT					Secretary of State File Stamp	1		
	First Quarter (due April 15)							
J	Second Quarter (due July 15)					l		
	Third Quarter (due October 15)					l		
	Fourth Quarter (due January 15)					l		
	Monthly Report for					l		
J	NO ACTIVITY (Che	ck if you are reporting no a	ctivity for all clients; file this p	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 <u>Melissa. Prater</u>	Signature on file
Name Monte Callicott	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 thisday 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.			

For assistance in completing

Arkansas Ethics Commission

Little Rock, AR 72203-1917

this form contact:

Post Office Box 1917

Phone (501) 324-9600

Toll Free (800) 422-7773

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: 🗹