

# 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 David F. Bridges

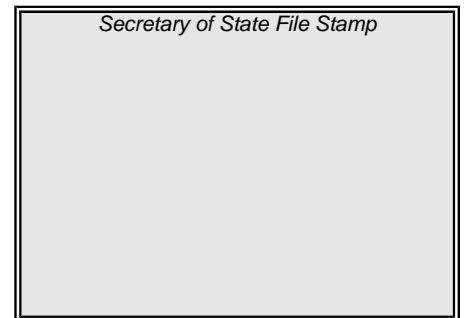
Address P.O. Box 2181

City Little Rock State AR Zip 72203-2181 Phone (501) 378-5663

## 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 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

County of \_\_\_\_\_ )ss

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.**

## 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: ☒