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 | Filing for <u>2015</u> (year) | For assistance in completing this form contact: Arkansas Ethics Commission Post Office Box 1917 Little Rock, AR 72203-1917 |
|--|---------------------------------------|--|
| Phone (501) 682-5070 Fax (501) 682-3408 | Check here if this report is an amend | dment 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 Daryl Allan Pace | | |
| Address 13470 St. Andrews Drive |) | |
| City Siloam Springs State | AR Zip 72761 | Phone (479) 957-5932 |
| 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 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 <u>on file</u> |) |
| NameSignature_on_file | | |
| NameSignature_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 Individ | dual Lobbyist or Contact Person for Firm |
| State of Arkansas)ss County of | <u> </u> | |
| Subscribed and sworn before me thisday | | |
| (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: 🗸