

# LOBBYIST REGISTRATION FORM

*Please print or type*

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

For assistance in completing this form contact:  
Arkansas Ethics Commission  
Post Office Box 1917  
Little Rock, AR 72203  
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.

Registration for 2011  
(year)

Check if this is an amended registration

### Entity to be Lobbied

*Check each applicable box*

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Members of the General Assembly | <input checked="" type="checkbox"/> Public Servants of State Government |
| <input type="checkbox"/> Public Servants of County Government       | _____   |
|   | Name of County  |
| <input type="checkbox"/> Public Servants of Municipal Government    | _____   |
|   | Name of Municipality  |
| <input type="checkbox"/> Public Servants of Other Governmental Body | _____   |
| (e.g., School District, Improvement District)                       | Name of Governmental Body   |

### Type of Registration

*Check only one box*

- Individual Lobbyist       Firm

Name of individual lobbyist or firm Kenneth L. Smith

Address 14 Park Drive

City Bryant State AR Zip 72022 Phone (501) 912-1090

If registering as a firm, list the name of a contact person: \_\_\_\_\_

If registering as a firm, list the name of each person who is authorized to lobby for the firm:

Print Name \_\_\_\_\_ Signature on file

Print Name \_\_\_\_\_ Signature on file

Print Name \_\_\_\_\_ Signature on file

Print Name \_\_\_\_\_ Signature on file

Print Name \_\_\_\_\_ Signature on file

Print Name \_\_\_\_\_ Signature on file

Print Name \_\_\_\_\_ Signature on file

**Client/Employer**  
*List each client or employer for whom you lobby*  
*All information must be complete*

| Name of Client/Employer                               | Mailing Address                          | Phone             | Type of Business/Entity   |
|---|--|-------------------|---------------------------|
| Arkansas Business Leaders<br>For Clean Energy Economy | 14 Park Drive<br>Bryant, AR 72022<br>USA | (501)<br>912-1090 | Clean Business<br>Network |
|   |  |                   |                           |
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|   |  |                   |                           |

I certify that I have examined this lobbyist registration form and the information contained herein is true and correct.

on file  
Signature of Individual Lobbyist/Contact Person for Firm

\_\_\_\_\_  
Date