LOBBYIST ACTIVITY REPORT

To be filed with:
Sharon Priest, Secretary of State
State Capitol, Room 026
Little Rock, AR 72201
Phone (501) 682-5070
Fax (501) 682-3408

Filing for 2003
(year)

☐ Check here if this report is an amendment

134,066

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

INDIVIDUAL LOBBYIST OR FIRM INFORMATION

Print or Type

Name James Robert Minter

Address 1177 West Loop South, Suite 900

City Houston State TX Zip 77027 Phone (713) 552-2000

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 February 2003

☐ **NO ACTIVITY** (Check if you are reporting no activity for all clients; file this page only)

Secretary of State File Stamp
FILED
MAR 10 2003
CHARLIE DANIELS
SECRETARY OF STATE
BY

SIGNATURE

(If registered as a firm, each lobbyist listed on the firm registration must sign this report. Attach additional sheets if necessary)

Name _____ Signature _____

Name _____ Signature _____

Name _____ Signature _____

Name _____ Signature _____

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.

James Robert Minter
Signature of Individual Lobbyist or Contact Person for Firm

State of Arkansas
County of Pulaski ss

Subscribed and sworn before me this 5th day of March, 2003

Sandra Elaine Brown
(Legibly Print Name)
Notary Public - Arkansas
My Commission Exp. 12/23/2012

Notary Signature Sandra Elaine Brown
My Commission Expires December 23, 2012

Note: If faxed, raised notary seal must be inked and the original must follow within ten (10) days.

Form Approved by the Arkansas Ethics Commission

Revised 06/01

EXPENDITURES PER EMPLOYER OR CLIENT

Itemized and Non Itemized

Use additional copies of this page is necessary

Employer/Client Tractebel North America
Address 1177 West Loop South, Ste. 900
Phone (713) 552-2000, Houston, TX

Item	Amount
Advertising	
Entertainment	
Food, Lodging or Travel	
Living Accommodations	1031.17
Postage	
Printing	
Special Events	
Telephone	
Other (list)	
Total	$1031.17

Employer/Client
Address
Phone

Item	Amount
Advertising	
Entertainment	
Food, Lodging or Travel	
Living Accommodations	
Postage	
Printing	
Special Events	
Telephone	
Other (list)	
Total	

Employer/Client
Address
Phone

Item	Amount
Advertising	
Entertainment	
Food, Lodging or Travel	
Living Accommodations	
Postage	
Printing	
Special Events	
Telephone	
Other (list)	
Total	

Employer/Client
Address
Phone

Item	Amount
Advertising	
Entertainment	
Food, Lodging or Travel	
Living Accommodations	
Postage	
Printing	
Special Events	
Telephone	
Other (list)	
Total	

Employer/Client
Address
Phone

Item	Amount
Advertising	
Entertainment	
Food, Lodging or Travel	
Living Accommodations	
Postage	
Printing	
Special Events	
Telephone	
Other (list)	
Total	

Employer/Client
Address
Phone

Item	Amount
Advertising	
Entertainment	
Food, Lodging or Travel	
Living Accommodations	
Postage	
Printing	
Special Events	
Telephone	
Other (list)	
Total	

GIFTS

List each gift with a value exceeding $100

Use additional copies of this page if necessary

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				
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	/ /		AMOUNT PAID TOWARD EXPENDITURE $	
PUBLIC SERVANT BENEFITED	First	MI	Last	Governmental Body Represented
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 Represented
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				

Food, Lodging or Travel Continued

DATE OF EXPENDITURE	/ /	AMOUNT PAID TOWARD EXPENDITURE	$
PUBLIC SERVANT BENEFITED	First MI	Last	Governmental Body Represented
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 Represented
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				
COST/VALUE OF ITEM	$			
PUBLIC SERVANT BENEFITTED	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 BENEFITTED	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 BENEFITTED	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 BENEFITTED	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	
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
		$
		$
		$

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: _____

Business relationship: _____

Name of public servant: _____

Business relationship: _____

Name of public servant: _____

Business relationship: _____

Name of public servant: _____

Business relationship: _____