

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 2016
(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

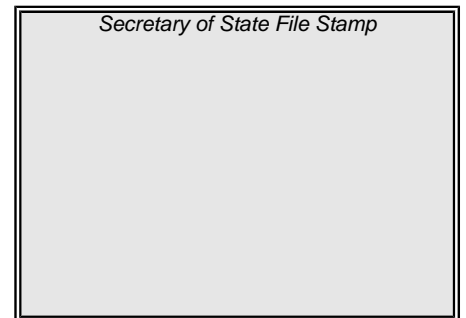
Name Arkansas Municipal League

Address P.O. Box 38

City North Little Rock State AR Zip 72115 Phone (501) 374-3484

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 October
- 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 Gary Baxter Signature on file

Name Kevin Settle Signature on file

Name Jill Dabbs Signature on file

Name Don Zimmerman Signature on file

Name Mark Hayes Signature on file

Name Ken Wasson Signature on file

Name Jack Critcher Signature on file

Name David Schoen Signature on file

Name Michael Mosley Signature on file

Name John Wilkerson Signature on file

Name Harry Brown Signature on file

Name Doug Sprouse Signature on file

Name Jimmy Williams 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 this _____ day of _____, 20____.	
<i>(Legible Notary Seal)</i>	Notary Signature <u>on file</u>
	My Commission Expires _____
Note: If faxed, raised notary seal must be inked and the original must follow within ten (10) days.	

EXPENDITURES PER EMPLOYER OR CLIENT

Itemized and Non Itemized

Use additional copies of this page is necessary

Employer/Client: Arkansas Municipal League Address: P. O. Box 38 N. Little Rock, AR, 72115 Phone: (501) 978-6124		Employer/Client: Address: Phone:	
Item	Amount	Item	Amount
Advertising		Advertising	
Entertainment		Entertainment	
Food, Lodging and Travel		Food, Lodging and Travel	
Living Accommodations		Living Accommodations	
Postage		Postage	
Printing		Printing	
Special Event		Special Event	
Telephone		Telephone	
OCTOBER ISSUE OF CITY & TOWN MAGAZINE	1,157.41		
		Total	
Total	1,157.41		

Employer/Client: Address: Phone:		Employer/Client: Address: Phone:	
Item	Amount	Item	Amount
Advertising		Advertising	
Entertainment		Entertainment	
Food, Lodging and Travel		Food, Lodging and Travel	
Living Accommodations		Living Accommodations	
Postage		Postage	
Printing		Printing	
Special Event		Special Event	
Telephone		Telephone	
Total		Total	

Employer/Client: Address: Phone:		Employer/Client: Address: Phone:	
Item	Amount	Item	Amount
Advertising		Advertising	
Entertainment		Entertainment	
Food, Lodging and Travel		Food, Lodging and Travel	
Living Accommodations		Living Accommodations	
Postage		Postage	
Printing		Printing	
Special Event		Special Event	
Telephone		Telephone	
Total		Total	

GIFTS

List each gift with a value exceeding \$100

DATE	N/A			
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	N/A	AMOUNT PAID TOWARD EXPENDITURE	
PUBLIC SERVANT BENEFITED	First	MI	Last Governmental Body of Public Servant
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	N/A	AMOUNT PAID TOWARD EXPENDITURE	
PUBLIC SERVANT BENEFITED	First	MI	Last Governmental Body of Public Servant
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	N/A			
COST/VALUE OF ITEM				
PUBLIC SERVANT BENEFITED	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 BENEFITED	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 BENEFITED	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 BENEFITED	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	N/A
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
N/A	N/A	N/A

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: N/A

Business relationship: N/A

Name of public servant: _____

Business relationship: _____

Name of public servant: _____

Business relationship: _____

Name of public servant: _____

Business relationship: _____

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: