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

113802

Filing for JAN. 2001
(year)

☐ Check here if this report is an amendment

For additional information:
Arkansas Ethics Commission
Post Office Box 1917
Little Rock, AR 72203-1917
Phone 501.324.9600
Fax 501.324.9606

INDIVIDUAL LOBBYIST OR FIRM INFORMATION

Print or Type

Name Ron Fuller Enterprises (Ron Fuller)

Address No. 5 Shackleford Plaza, Suite 150

City Little Rock State AR. Zip 72211 Phone 501-227-6611

Secretary of State File Stamp
FILED
FEB 12 2001
SHARON PRIEST
SECRETARY OF STATE
BY BR

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 JANUARY

☐ **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 _____

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.

Ron Fuller
Signature of Individual Lobbyist or Contact Person for Firm

Sworn to and subscribed before me, a Notary Public, in and for Pulaski, County, AR on this 12 day of Feb, 2001.

Notary Signature Barbara Robinson

My Commission Expires 8-15-2006

BARBARA ROBINSON, NOTARY PUBLIC
PULASKI COUNTY, ARKANSAS
MY COMMISSION EXPIRES - 8-15-2006
(Legible Notary Seal Required)

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

Form Approved by the Arkansas Ethics Commission

Revised 8/99

Hauser, Leo

From: Debbie.Hayes@aventis.com
Sent: Thursday, January 25, 2001 10:48 PM
To: spivins@flash.net; peggy.brand@spcorp.com; R3886@aol.com; thardaway.dc.domain@phrma.org; pancho@panchopage.com; jjohnso3@corus.jnj.com; kincaidr@merck.com; leo.hauser@pfizer.com; sm21791@glaxowellcome.com
Cc: mmmh@ipa.net
Subject: Information for AR lobby report - January 23 House and Senate Public Health Committee Dinner

For submitting your January, 2001 AR lobby report, following is the information that should be listed for the January 23 dinner:

This would go in the section of the lobby report for Special Events and should contain the following information:

Date of Event: January 23, 2001

Name of Event: Dinner for House and Senate Public Health, Welfare, and Labor Committees

Location of Event: Andre's Hillcrest - 2601Kavanaugh - Little Rock, AR

Governmental Body All members of the House and Senate Public Health, Welfare, and Labor committees of Group(s) of Public Servants Invited

Amount Paid Toward Total Expenditure $268.96

Name of Employer/Client (Put your company name here)

Other Lobbyists Ron Fuller, Bill Corley, Debbie Hayes, Steve Mitchell, Perry Brand, Frank Jackson, Leo Hauser, Jerry Johnson, Thomas Hardaway
Sharing Cost

For your information (does not have to put on lobby report) following are a
listing of attendees at the dinner:

House Committee Members

David Hank (spouse)
Cecile Bledsoe
Joyce Dees
Bill Pritchard (spouse)
Sandra Rodgers
Tracy Steele (spouse)
Mike Creekmore
Marvin Sneele
David Rackley (spouse)
Jim Lendall
Shawn Womack
Russ Bennett (spouse)
Jan Judy

Senate Committee Members

Bill Walker
Dave Bisbee
Barbara Horn
Jack Critcher (spouse and son)
Jon Fitch (spouse)
Percy Malone

Legislative Staff

Kim Baxter
Ann Cornwell (spouse)

Other Invited Guests

Lynn Zeno (and guest) AR Medical Society
Mike Mitchell (Pfizer contract lobbyist)
Ray Scott (Lilly and Roche contract lobbyist)

Please let me know if you have any questions.
Debbie D. Hayes
Manager, Government Relations
Aventis Pharmaceuticals
770-565-4356

EXPENDITURES PER EMPLOYER OR CLIENT

Itemized and Non Itemized

Use additional copies of this page is necessary

Employer/Client Address Phone	Merck No. 5 Blackefond Plaza L.R. Ar. 615-473-4296	Employer/Client Address Phone	
Item	**Amount**	**Item**	**Amount**
Advertising		Advertising	
Entertainment	268.96	Entertainment	
Food, Lodging or Travel		Food, Lodging or Travel	
Living Accommodations		Living Accommodations	
Postage		Postage	
Printing		Printing	
Special Events		Special Events	
Telephone		Telephone	
Other (list)		Other (list)	
Total	268.96	**Total**	

Employer/Client Address Phone		Employer/Client Address Phone	
Item	**Amount**	**Item**	**Amount**
Advertising		Advertising	
Entertainment		Entertainment	
Food, Lodging or Travel		Food, Lodging or Travel	
Living Accommodations		Living Accommodations	
Postage		Postage	
Printing		Printing	
Special Events		Special Events	
Telephone		Telephone	
Other (list)		Other (list)	
Total		**Total**	

Employer/Client Address Phone		Employer/Client Address Phone	
Item	**Amount**	**Item**	**Amount**
Advertising		Advertising	
Entertainment		Entertainment	
Food, Lodging or Travel		Food, Lodging or Travel	
Living Accommodations		Living Accommodations	
Postage		Postage	
Printing		Printing	
Special Events		Special Events	
Telephone		Telephone	
Other (list)		Other (list)	
Total		**Total**	

GIFTS

List each gift with a value exceeding $100

Use additional copies of this page if necessary

DATE				
PUBLIC SERVANT BENEFITED	First	MI	Last	Governmental Body of Public Servant
AMOUNT PAID/ VALUE OF GIFT	$			
NAME OF EMPLOYER/CLIENT				
DESCRIPTION OF GIFT				
DATE				
PUBLIC SERVANT BENEFITED	First	MI	Last	Governmental Body of Public Servant
AMOUNT PAID/ VALUE OF GIFT	$			
NAME OF EMPLOYER/CLIENT				
DESCRIPTION OF GIFT				
DATE				
PUBLIC SERVANT BENEFITED	First	MI	Last	Governmental Body of Public Servant
AMOUNT PAID/ VALUE OF GIFT	$			
NAME OF EMPLOYER/CLIENT				
DESCRIPTION OF GIFT				
DATE				
PUBLIC SERVANT BENEFITED	First	MI	Last	Governmental Body of Public Servant
AMOUNT PAID/ VALUE OF GIFT	$			
NAME OF EMPLOYER/CLIENT				
DESCRIPTION OF GIFT				
DATE				
PUBLIC SERVANT BENEFITED	First	MI	Last	Governmental Body of Public Servant
AMOUNT PAID/ VALUE OF GIFT	$			
NAME OF EMPLOYER/CLIENT				
DESCRIPTION OF GIFT				

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
PURPOSE OF TRAVEL OR LODGING				
NAME OF CONFERENCE, SEMINAR OR EVENT				
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
PURPOSE OF TRAVEL OR LODGING				
NAME OF CONFERENCE, SEMINAR OR EVENT				
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
PURPOSE OF TRAVEL OR LODGING				
NAME OF CONFERENCE, SEMINAR OR EVENT				
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
PURPOSE OF TRAVEL OR LODGING				
NAME OF CONFERENCE, SEMINAR OR EVENT				
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				
PUBLIC SERVANT BENEFITED	First	MI	Last	Governmental Body of Public Servant
AMOUNT PAID/ VALUE OF ITEM	$			
NAME OF EMPLOYER/CLIENT				
DESCRIPTION OF ITEM				
DATE ITEM GIVEN				
PUBLIC SERVANT BENEFITED	First	MI	Last	Governmental Body of Public Servant
AMOUNT PAID/ VALUE OF ITEM	$			
NAME OF EMPLOYER/CLIENT				
DESCRIPTION OF ITEM				
DATE ITEM GIVEN				
PUBLIC SERVANT BENEFITED	First	MI	Last	Governmental Body of Public Servant
AMOUNT PAID/ VALUE OF ITEM	$			
NAME OF EMPLOYER/CLIENT				
DESCRIPTION OF ITEM				
DATE ITEM GIVEN				
PUBLIC SERVANT BENEFITED	First	MI	Last	Governmental Body of Public Servant
AMOUNT PAID/ VALUE OF ITEM	$			
NAME OF EMPLOYER/CLIENT				
DESCRIPTION OF ITEM				
DATE ITEM GIVEN				
PUBLIC SERVANT BENEFITED	First	MI	Last	Governmental Body of Public Servant
AMOUNT PAID/ VALUE OF ITEM	$			
NAME OF EMPLOYER/CLIENT				
DESCRIPTION OF ITEM				

SPECIAL EVENTS

(Includes Hospitality Rooms)

Use additional copies of this page if necessary

DATE(S) OF EVENT	1/23/01
NAME OF EVENT	Dinner For Public Health (Senate & House)
LOCATION OF EVENT	Andrew Rest.
GOVERNMENTAL BODY OR GROUP(S) OF PUBLIC SERVANTS INVITED	
AMOUNT PAID TOWARD TOTAL EXPENDITURE	268.96
NAME OF EMPLOYER/CLIENT	Merck.
OTHER LOBBYISTS SHARING COST	
DATE(S) OF EVENT	SEE ATTACHMENT
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: _____

_____