

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 72201-1094
Phone (501) 682-5070
Fax (501) 682-3408

Filing for 2018
(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
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 Impact Management Group

Address 124 W. Capitol Avenue, Suite 1886

City Little Rock State AR Zip 72201 Phone (501) 244-9600

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)

Secretary of State File Stamp

Filed online with the Secretary of State on 02/09/2018 02:40 PM

SIGNATURE

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

Name <u>MR. Richard Bearden</u>	Signature <u>Signature on file</u>
Name <u>MR. Terry Benham</u>	Signature <u>Signature on file</u>
Name <u>MRS Ashley Frans</u>	Signature <u>Signature on file</u>
Name <u>MR. Issac Foley</u>	Signature <u>Signature on file</u>
Name <u>MR. Robert Coon</u>	Signature <u>Signature on file</u>

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.

Signature on file
Signature of Individual Lobbyist or Contact Person for Firm

State of Arkansas
County of _____)ss
Subscribed and sworn before me this _____ day of _____, 20____.
(Legible Notary Seal)
Notary Signature _____
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 if necessary

Employer/Client: Protect Our Pocketbooks	
Address: P.O. Box 3835 Little Rock, AR, 72203	
Phone: (501) 823-3625	
Item	Amount
Advertising	\$13,325.00
Entertainment	
Food, Lodging or Travel	
Living Accommodations	
Postage	\$198.00
Printing	
Special Events	
Telephone	
Other (Legal and Research Fees)	\$5,750.00
Total	\$19,273.00

GIFTS

List each gift with a value exceeding \$100
Use additional copies of this page if necessary

DATE	
COST/VALUE OF GIFT	
PUBLIC SERVANT BENEFITED	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	

OTHER ITEMS

List any item with a value exceeding \$40

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	
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
	First MI Last Governmental Body of Public Servant	

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: _____