

# 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)  
130019

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

## INDIVIDUAL LOBBYIST OR FIRM INFORMATION

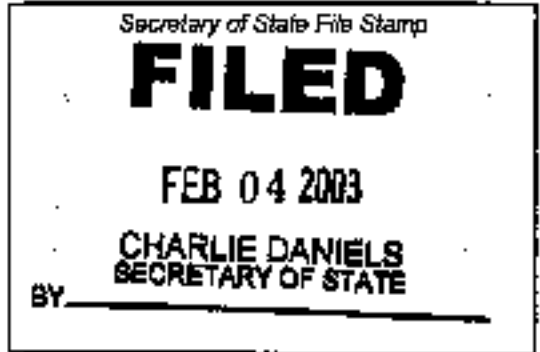
Print or Type

Name Stephen N. Joiner  
Address Rose Law Firm, 120 East Fourth Street  
City Little Rock State AR Zip 72201-2893 Phone (501) 377-0329

### 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 Stephen N. Joiner Signature Stephen N. Joiner  
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.

Stephen N. Joiner  
Signature of Individual Lobbyist or Contact Person for Firm

State of Arkansas )  
County of Pulaski ) ss:  
I, Mary Frances Young, Notary Public, do hereby certify that the above and signed before me this 4th day of February, 2003.  
My Comm. Expires 11-13-2012  
Notary Signature Mary Frances Young  
My Commission Expires 11-13-2012  
A 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 Ark. Gas Consumers Address 1230 Towers Building, LR, AR Phone (501) 372-6900		Employer/Client Ark. Electric Energy Consumer Address 1230 Towers Building, LR, AR Phone (501) 372-6900	
Item	Amount	Item	Amount
Advertising		Advertising	
Entertainment		Entertainment	
Food, Lodging or Travel		Food, Lodging or Travel	
Living Accommodations		Living Accommodations	
Postage		Postage	
Printing	\$ 0.35	Printing	\$ 0.35
Special Events		Special Events	
Telephone		Telephone	
Other (list)		Other (list)	
<b>Total</b>	<b>\$ 0.35</b>	<b>Total</b>	<b>\$ 0.35</b>
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)	
<b>Total</b>		<b>Total</b>	
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)	
<b>Total</b>		<b>Total</b>	

## 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: \_\_\_\_\_