

## LOBBYIST REGISTRATION FORM

*Please print or type*

If registering 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

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.

Registration for 2017  
(year)

☒ Check if this is an amended registration

### Entity to be Lobbied

*Check each applicable box*

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Members of the General Assembly | <input checked="" type="checkbox"/> Public Servants of State Government |
| <input type="checkbox"/> Public Servants of County Government       | _____   |
|   | Name of County  |
| <input type="checkbox"/> Public Servants of Municipal Government    | _____   |
|   | Name of Municipality  |
| <input type="checkbox"/> Public Servants of Other Governmental Body | _____   |
| (e.g., School District, Improvement District)                       | Name of Governmental Body   |

### Type of Registration

*Check only one box*

☐ Individual Lobbyist ☒ Firm

Name of individual lobbyist or firm Legacy Consulting

Address 314 West Gilson Avenue

City DeQueen State AR Zip 71832 Phone (501) 246-8842

If registering as a firm, list the name of a contact person: Chad Gallagher

If registering as a firm, list the name of each person who is authorized to lobby for the firm:

Print Name Chadwick Gallagher Signature on file

Print Name Brenda Beltrani Signature on file

Print Name \_\_\_\_\_ Signature on file

Print Name \_\_\_\_\_ Signature on file

Print Name \_\_\_\_\_ Signature on file

Print Name \_\_\_\_\_ Signature on file

Print Name \_\_\_\_\_ Signature on file

**Client/Employer**  
*List each client or employer for whom you lobby*  
*All information must be complete*

Name of Client/Employer	Mailing Address	Phone	Type of Business/Entity
Arkansas Funeral Directors Association	314 West Gilson Avenue De Queen, AR 71832 USA	(501) 246-8842	
Arkansas Broadcasters Assn	2024 Arkansas Valley Dr Ste 403 Little Rock, AR 72212 USA	(501) 227-7564	
Arkansas Municipal League	301 W 2nd St North Little Rock, AR 72114 USA	(501) 374-3484	
Arkansas Trial Lawyers Association	1400 West Markham Suite 307 Little Rock, AR 72201 USA	(501) 376-2852	
Arkansas Family Council	414 South Pulaski, Suite 2 Little Rock, AR 72201 USA	(501) 375-7000	

I certify that I have examined this lobbyist registration form and the information contained herein is true and correct.

on file  
**Signature of Individual Lobbyist/Contact Person for Firm**

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**Date**