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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☐ 1. Effective Date of Registration

2. House Identification Number Senate Identification Number

REGISTRANT

3. Registrant name David Olive, Jay Grant & Associates

Address 1341 G Street NW, Suite 610

City Washington State DC Zip 20005

4. Principal place of business (if different from line 3)

City State/Zip (or Country)

5. Telephone number and contact name

(202 737 - 5878 Contact E-mail (optional)

6. General description of registrant's business or activities

Gov't Relations \ Public Affairs

CLIENT

A lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box labeled "Self" and proceed to line 10. ☐ Self

7. Client name Fort Smith (AR) Regional Airport

Address 5600 Airport Blvd.

City Fort Smith State AR Zip 72903

8. Principal place of business (if different from line 7)

City State/Zip (or Country)

9. General description of client's business or activities

AIRPORT OPERATOR

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acting as a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

Name	Covered Official Position (if applicable)
David Olive	
Jay Grant	

Registrant Name _____ Client Name _____

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page 1.

AVI TRA

12. Specific lobbying issues (current and anticipated)

issues relating to Airport operations and funding, FAA Reauthorization and Airline passengers

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than $10,000 to the lobbying activities of the registrant in a semiannual period **and** in whole or in major part plans, supervises or controls the registrant's lobbying activities?

☒ No ⇨ Go to line 14. ☐ Yes ⇨ Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)

FOREIGN ENTITIES

14. Is there any foreign entity that:

a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **or**
b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes activities of the client or any organization identified on line 13; **or**
c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of the lobbying activity?

☒ No ⇨ Sign and date the registration. ☐ Yes ⇨ Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage in client

Signature David Olive Date June 16, 1999

Printed Name and Title DAVID Olive