

**State of New Mexico  
Office of the Secretary of State  
Ethics Administration**

325 Don Gaspar, Suite 300  
Santa Fe, New Mexico 87503  
(800) 477-3632 or (505) 827-3600

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OFFICE OF  
SECRETARY OF STATE

**2011 LOBBYIST REPORTING FORM**

Report of Expenditures & Contributions

**FORM A**

**IDENTIFYING INFORMATION & FINANCIAL SUMMARY**

REPORT DUE:      January 15  within 48 hours during session      May 1

FILING AS A:      Lobbyist  Lobbyist Employer

1.a.	Name of Lobbyist <u>Scott Scanlan</u>	Telephone # <u>505-280-2122</u>	Fax #
b.	Address <u>P.O. Box 32616 Santa Fe, NM</u>	City <u>87594</u>	State <u>87594</u>
c.	If filing as a Lobbyist employer, the Employer's name <u>Comcast / A2 - NM Cable Comm. Assoc.</u>		Address Telephone #

**2. FINANCIAL SUMMARY (Cumulative)**

a.	Total Meal and Beverage Expenses (incl. Form B)	\$	<u>0</u>	
b.	Total Other Entertainment Expenses (incl. Form B)	\$	<u>0</u>	
c.	Total Gift Expenses (incl. Form B)	\$	<u>0</u>	
d.	Total Other Expenses (incl. Form B)	\$	<u>0</u>	
e.	Total Special Event Expenses (Form C)	\$	<u>6803.96</u>	
f.	TOTAL EXPENDITURES (incl. Forms B and C)	\$		<u>6803.96</u>
g.	TOTAL POLITICAL CONTRIBUTIONS (Form D)	\$		<u>0</u>

I hereby swear or affirm under penalty of law that this statement is true, correct and complete to the best of my knowledge.

[Signature]  
(Signature of Lobbyist/Lobbyist Employer)

**NOTARY INFORMATION**

State of New Mexico  
County of Santa Fe

Subscribed and sworn to me this 22 day of Feb, 2011, by \_\_\_\_\_

(SEAL)

[Signature]  
(Signature of notarial officer)

My commission expires 2/3/12

Report of Expenditures  
FORM B  
EXPENDITURES

Name of Lobbyist or Lobbyist Employer: \_\_\_\_\_

REPORT DUE: \_\_\_\_\_ January 15  within 48 hours during session \_\_\_\_\_ May 1

Itemize each expenditure of more than \$75 and specify the type of expenditure by entering a category number: (1) meals & beverages; (2) other entertainment expenditures; (3) gifts; or (4) other expenditures. [2-11-6C NMSA 1978]

Date	Name of payee & beneficiary	Type	Purpose for which made or Incurred	Amount

Subtotal Form B \$ 0

**FORM B  
EXPENDITURES  
(Continued)**

Date	Name of payee & beneficiary	Type	Purpose for which made or Incurred	Amount

Total Form B \$ 0

Report of Expenditures  
FORM C  
SPECIAL EVENTS

Name of Lobbyist or Lobbyist Employer: Comcast / A2NM Cable Comm. Assoc.

REPORT DUE:      January 15  within 48 hours during session      May 1

Date	Type of Event & Location	Group(s) Invited	Total Expenses
2/21/11	Rest. Martin Santa Fe	All members of Legislature 40 attended	6803.96

Total Special Events \$ 6803.96

**FORM D**  
**POLITICAL CONTRIBUTIONS**

Name of Lobbyist or Lobbyist Employer: \_\_\_\_\_

REPORT DUE: \_\_\_\_\_ January 15 \_\_\_\_\_ May 1

Date	Name of candidate, public official or ballot issue supported or opposed	Amount

Total Political Contributions \$ \_\_\_\_\_

FORM E  
BUNDLING DISCLOSURE

**NOTE:** If you, or any of your employers delivered, directly or indirectly, separate political contributions *from other contributors of five hundred dollars (\$500.00) or more, in the aggregate*, for an election to a candidate, a campaign committee, or anyone authorized by a candidate to receive funds on his/her behalf, the law requires disclosure of the names, addresses and occupations of the contributors.

Name of Lobbyist or Lobbyist Employer:
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<b>REPORT DUE:</b> ____ January 15		____ May 1
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Full name of contributor	
Street Address or P.O. Box; City, State & Zip	
Occupation	Amount of each separate political contribution:    \$

Full name of contributor	
Street Address or P.O. Box; City, State & Zip	
Occupation	Amount of each separate political contribution:    \$

Full name of contributor	
Street Address or P.O. Box; City, State & Zip	
Occupation	Amount of each separate political contribution:    \$

Full name of contributor	
Street Address or P.O. Box; City, State & Zip	
Occupation	Amount of each separate political contribution:    \$

Full name of contributor	
Street Address or P.O. Box; City, State & Zip	
Occupation	Amount of each separate political contribution:    \$