

**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

Secretary of State

2011 FEB -4 AM 9:45

2011 LOBBYIST REPORTING FORM

Report of Expenditures & Contributions

FORM A

IDENTIFYING INFORMATION & FINANCIAL SUMMARY

REPORT DUE:		January 15	<input checked="" type="checkbox"/> within 48 hours during session	May 1
FILING AS A:		<input checked="" type="checkbox"/> Lobbyist	<input type="checkbox"/> Lobbyist Employer	
1. a.	Name of Lobbyist	Telephone #	Fax #	
	David Reddy	505-860-8882		
b.	Address	City	State	Zip
	4206 Louisiana Blvd NE	Albuquerque	NM	87109
c.	If filing as a Lobbyist employer, the Employer's name	Address	Telephone #	
	New Mexico Training Ctr	Albuquerque	505-860-8882	
2.	FINANCIAL SUMMARY (Cumulative)			
a.	Total Meal and Beverage Expenses (incl. Form B)	\$		
b.	Total Other Entertainment Expenses (incl. Form B)	\$		
c.	Total Gift Expenses (incl. Form B)	\$	1,203.48	
d.	Total Other Expenses (incl. Form B)	\$		
e.	Total Special Event Expenses (Form C)	\$		
f.	TOTAL EXPENDITURES (incl. Forms B and C)		\$	
g.	TOTAL POLITICAL CONTRIBUTIONS (Form D)		\$	

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 4th day of February, 20 11, by David Reddy

(SEAL)

[Signature]

(Signature of notarial officer)

My commission expires: 9-2-2012



Report of Expenditures
FORM B
EXPENDITURES

Name of Lobbyist or Lobbyist Employer: David Raddy

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
2/4/11	legislators and staff	3	200 Teddy Bears	\$ 1,203.48

Subtotal Form B \$ 1,203.48

FORM B
EXPENDITURES
(Continued)

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

Total Form B \$ 620349

Report of Expenditures
FORM C
SPECIAL EVENTS

Name of Lobbyist or Lobbyist Employer:

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

Date	Type of Event & Location	Group(s) Invited	Total Expenses

Total Special Events \$ _____

**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:

REPORT DUE: _____ January 15 _____ May 1

Full name of contributor

Street Address or P.O. Box; City, State & Zip

Occupation	Amount of each separate political contribution: \$
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Full name of contributor

Street Address or P.O. Box; City, State & Zip

Occupation	Amount of each separate political contribution: \$
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Full name of contributor

Street Address or P.O. Box; City, State & Zip

Occupation	Amount of each separate political contribution: \$
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Full name of contributor

Street Address or P.O. Box; City, State & Zip

Occupation	Amount of each separate political contribution: \$
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Full name of contributor

Street Address or P.O. Box; City, State & Zip

Occupation	Amount of each separate political contribution: \$
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