

**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**

<b>REPORT DUE:</b> <u>    </u> January 15 <input checked="" type="checkbox"/> within 48 hours during session <u>    </u> May 1			
<b>FILING AS A:</b> <input checked="" type="checkbox"/> Lobbyist <u>    </u> Lobbyist Employer			
1.a.	Name of Lobbyist	Telephone #	Fax #
	SCOTT SMART	575 562 2600	575 562 2428
b.	Address	City	State                      Zip
	ENMU STATION 4	POERTALES	NM                      88130
c.	If filing as a Lobbyist employer, the Employer's name		Address                      Telephone #
<b>2. FINANCIAL SUMMARY (Cumulative)</b>			
a.	Total Meal and Beverage Expenses (incl. Form B)	\$	7639 <sup>93</sup>
b.	Total Other Entertainment Expenses (incl. Form B)	\$	
c.	Total Gift Expenses (incl. Form B)	\$	
d.	Total Other Expenses (incl. Form B)	\$	
e.	Total Special Event Expenses (Form C)	\$	
f.	TOTAL EXPENDITURES (incl. Forms B and C)	\$	7639 <sup>93</sup>
g.	TOTAL POLITICAL CONTRIBUTIONS (Form D)	\$	Ø

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

Scott W. Smart  
(Signature of Lobbyist/Lobbyist Employer)

**NOTARY INFORMATION**

State of New Mexico  
County of Roosevelt

Subscribed and sworn to me this 21<sup>st</sup> day of January, 20 11, by Scott W. Smart

(SEAL)

Dorothy N. Bulb  
(Signature of notarial officer)

My commission expires: 7/7/2012

Report of Expenditures  
FORM B  
EXPENDITURES

Name of Lobbyist or Lobbyist Employer: Scott Smart

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
1/19/11	Inn & Spa @ LORETTO	1	RECEPTION FOR legislators & STAFF	\$ 7,639 <sup>93</sup>

Subtotal Form B \$ 7,639<sup>93</sup>