

**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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**2010 FEB -1 PM 2: 20**

**2010 LOBBYIST REPORTING FORM**

Report of Expenditures & Contributions

OFFICE OF  
SECRETARY OF STATE

**FORM A**

**IDENTIFYING INFORMATION & FINANCIAL SUMMARY**

<b>REPORT DUE:</b> _____ January 15 <input checked="" type="checkbox"/> <b>within 48 hours during session</b> _____ May 1			
<b>FILING AS A:</b> _____ Lobbyist <input checked="" type="checkbox"/> <b>Lobbyist Employer</b>			
1.a.	Name of Lobbyist	Telephone #	Fax #
b.	Address	City	State Zip
c.	If filing as a Lobbyist employer, the Employer's name	Address	Telephone #
2.	<b>FINANCIAL SUMMARY (Cumulative)</b>		
a.	Total Meal and Beverage Expenses (incl. Form B)	\$	
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)	\$	6445.47
f.	<b>TOTAL EXPENDITURES (incl. Forms B and C)</b>		\$ 6445.47
g.	<b>TOTAL POLITICAL CONTRIBUTIONS (Form D)</b>		\$

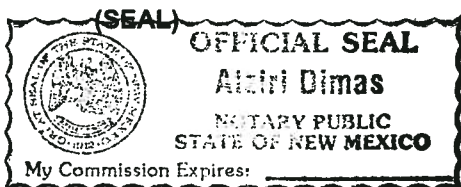
I hereby swear or affirm under penalty of law that this statement is true, correct and complete to the best of my knowledge.

\_\_\_\_\_  
(Signature of Lobbyist/Lobbyist Employer)

**NOTARY INFORMATION**

State of NM  
County of Santa Fe

Subscribed and sworn to me this 1 day of Feb, 20 10, by Josh Anderson



\_\_\_\_\_  
(Signature of notarial officer)

My commission expires: 12/31/2013

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
1/30/ 2010	Reception for <sup>500</sup> AFSCME members + legislators/staff In and Spa @ Inletto	NM House of Representatives NM State Senate and staff members	\$6445.47

Total Special Events \$ 6445.47