

**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

2011 LOBBYIST REPORTING FORM

Report of Expenditures & Contributions

FORM A

IDENTIFYING INFORMATION & FINANCIAL SUMMARY

REPORT DUE:	January 15	within 48 hours during session	X April 25
FILING AS A:	X Lobbyist	Lobbyist Employer	
Name of Lobbyist	Telephone	Fax	
1.a Vanessa M. Alarid	505.503.0640		
Address	City	State	Zip
b. P.O. Box 36778	Albuquerque	NM	87176
If filing as lobbyist employer, the Employer's name	Address	Telephone #	
c.			
2. FINANCIAL SUMMARY (Cumulative)			
a.	Total Meal and Beverage expenses (incl. Form B)	\$0	
b.	Total Other Entertainment Expenses (incl. Form B)	\$0	
c.	Total Gift Expenses (Incl. Form B)	\$0	
d.	Total other Expenses (Incl. Form B)	\$0	
e.	Total Special Event Expenses (Incl. Form C)	\$0	
f.	TOTAL EXPENDITURES (Incl. Forms B and C)		\$0
g.	TOTAL POLITICAL CONTRIBUTIONS (Form D)		\$0

I hereby swear to 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 _____

County of _____

Subscribed and sworn to me this _____ day of _____, 20____, by _____

(SEAL)

(Signature of Notarial Officer)

My commission expires: _____

Report of Expenditures
FORM B
EXPENDITURES

Name of Lobbyist or Lobbyist Employer: Vanessa M. Alarid

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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
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Subtotal Form B:

Report of Expenditures
FORM C
SPECIAL EVENTS

Name of Lobbyist or Lobbyist Employer: Vanessa M. Alarid			
REPORT DUE:	January 15	within 48 hours during session	X April 25
Date	Type of Event & Location	Group(s) Invited	Total Expenses

Total Special Events

Report of Expenditures
FORM D
POLITICAL CONTRIBUTIONS

Name of Lobbyist or Lobbyist Employer: Vanessa M. Alarid			
REPORT DUE:	January 15	within 48 hours during session	X April 25
Date	Name of candidate, public official or ballot issue supported or opposed	Amount	

Total Political Contributions

Report of Expenditures
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, 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:	Vanessa M. Alarid
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