

**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:	<input checked="" type="checkbox"/> May 2	within 48 hours during session	<input checked="" type="checkbox"/> May 2
FILING AS A:	<input checked="" type="checkbox"/> Lobbyist	Lobbyist Employer	
Name of Lobbyist	Telephone	Fax	
1.a David R. Schmidt	235-9351		
Address	City	State	Zip
b. 2319 Mountain Road NW	Albuquerque	NM	87104
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)	\$0.00	
b.	Total Other Entertainment Expenses (incl. Form B)	\$0.00	
c.	Total Gift Expenses (Incl. Form B)	\$0.00	
d.	Total other Expenses (Incl. Form B)	\$0.00	
e.	Total Special Event Expenses (Incl. Form C)	\$0.00	
f.	TOTAL EXPENDITURES (Incl. Forms B and C)		\$0.00
g.	TOTAL POLITICAL CONTRIBUTIONS (Form D)		\$0.00

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: **David R. Schmidt**

REPORT May 2 within 48 hours during session May 2
DUE:

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: **David R. Schmidt**

REPORT DUE: **X May 2** within 48 hours during session **X May 2**

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

Report of Expenditures
FORM D
POLITICAL CONTRIBUTIONS

Name of Lobbyist or Lobbyist Employer: David R. Schmidt				
REPORT DUE:	X	May 2	within 48 hours during session	X May 2
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:	David R. Schmidt
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REPORT DUE:	X	May 2	within 48 hours during session	X	May 2
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