

LOBBYING ADVERTISING CAMPAIGN

Reporting Form

2009

State of New Mexico
 Secretary of State
 325 Don Gaspar, Suite 300
 Santa Fe, New Mexico 87503
 800-477-3832
 Fax: 505-827-4954

Please type or print legibly. Copy this form as necessary.

NAME OF ORGANIZATION:		
WESTLAND DEVCO LP	505-224-2302	505-224-2342
Business Address	Telephone #	Fax#
201 THIRD STREET, SUITE 500	ALBUQUERQUE, NM 87102	
Name of Contact Person	Address	Telephone #
ANDREW COOK	2392 MORSE AVE. IRVINE CA 92610	949-777-4000

EXPENDITURES AND COMMITMENTS TO EXPEND (For commitments, please write the abbreviation "comm." after the identification of the expenditure.)		
Date	Purpose of Expenditure	Amount
3/19/2009	DW TURNER INC - CREATIVE SERVICES - JANUARY	\$41,766.68
	WIREDHAT INTERACTIVE - COMM.	\$ 6,864.00
	KOAT - COMM.	\$ 40,000.00
	KOB - COMM.	\$ 20,000.00
	KRQE - COMM.	\$ 20,000.00
	COMCAST - COMM.	\$ 55,000.00
TOTAL AMOUNT		CONTINUED

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Name of Contact Person	Address	Telephone #
ANDREW COOK	2392 MORRIS AVE. IRVINE CA 92610	949-777-4000

EXPENDITURES AND COMMITMENTS TO EXPEND		
(For commitments, please write the abbreviation "comm." after the identification of the expenditure.)		
Date	Purpose of Expenditure	Amount
	CLEAR CHANNEL OUTDOOR - COMM.	\$10,700.00
	ALBUQUERQUE JOURNAL - ONLINE - COMM.	\$3,000.00
	JOE MONAHAN - COMM.	\$1,800.00
	CITADEL RADIO - COMM.	\$7,268.00
	HEATH HAUSSMEN - COMM.	\$320.06
	CLEAR CHANNEL RADIO - COMM.	\$1,288.00
TOTAL AMOUNT		CONTINUED

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Name of Contact Person	Address	Telephone #
ANDREW COOK	2392 MORSE AVE. IRVING CA 92610	949-777-4000

EXPENDITURES AND COMMITMENTS TO EXPEND		
(For commitments, please write the abbreviation "comm." after the identification of the expenditure)		
Date	Purpose of Expenditure	Amount
	BURT BROADCASTING - COMM.	\$1,026.63
	SUNRISE BROADCASTING - COMM.	\$2,075.76
	LAMAR OUTDOOR - COMM.	\$13,500.00
	DW TURNER INC - CREATIVE SERVICE - FEBRUARY - COMM.	\$7,931.51
TOTAL AMOUNT		\$232,540.64

REPORTING FORM LOBBYING ADVERTISING

CONTRIBUTIONS AND PLEDGES TO CONTRIBUTE

(For pledges, please write the word "pledge" in parentheses after the contributor's name)

Date	Name and Address of Contributor	Occupation	Amount
	N/A		
TOTAL AMOUNT			

I hereby swear or affirm, under penalty of law, that all the information on this form, including any attachments, is true, correct and complete to the best of my knowledge.

SIGNATURE of Principal, Organizer or Officer

Title

Date _____