# LOBBYIST REGISTRATION STATEMENT

**Check applicable box:** [ ] New Registration  [ ] Amendment  [ ] Annual Renewal  [ ] Cancel Registration

### Permanent business address

**Lobbyist or Lobbyist Organization Full Name:** Sherrick Scott Roanhorse  
**Permanen Telephone Number:** (505) 241-2762  
**Email address:** sherrick.roanhorse@pnmresources.com  
**Permanent Business Address:** PNM Resources, Main Offices, 414 Silver Ave. SW  
**City:** Albuquerque  
**State:** New Mexico  
**Zip Code:** 87158

### Business address while lobbying or conducting lobbyist campaigning

**Business Address:** PNM Resources, Main Offices, 414 Silver Ave. SW  
**City:** Albuquerque  
**State:** New Mexico  
**Zip Code:** 87158

### Lobbyist Organization Chairperson

**Chairperson Full Name:** N/A  
**Telephone Number:**  
**Address:**  
**City:**  
**State:**  
**Zip Code:**

### Lobbyist Organization Treasurer

**Treasurer Full Name:** N/A  
**Telephone Number:**  
**Address:**  
**City:**  
**State:**  
**Zip Code:**

### Lobbyist Organization’s Bank and Checking Account Information

**Name of Bank:** N/A  
**Address:**  
**City:**  
**State:**  
**Zip Code:**  
**Checking Account Number:**

### All parties with Signature Authority for Lobbyist Organization’s Checking Account

**Full Name:** N/A  
**Telephone Number:**  
**Address:**  
**City:**  
**State:**  
**Zip Code:**  

**Full Name:** N/A  
**Telephone Number:**  
**Address:**  
**City:**  
**State:**  
**Zip Code:**
For additional employers, use a second form and attach to original.
**OFFICIAL ACTION FORM**

**Lobbyist’s Permanent business address**

Lobbyist or Lobbyist Organization Full Name: Sherrick Scott Roanhorse

Permanent Telephone Number: (505) 241-2762

Permanent Business Address: PNM Resources, Main Offices, 414 Silver Ave. SW

City: Albuquerque State: New Mexico Zip Code: 87158

**Official action the lobbyist or lobbyist organization supports or opposes**

Any and all matters that pertain to energy and electric utilities.

Lobbyist Official Action Bank and Checking Account Information

Name of Bank: N/A

Address:

City: State: Zip Code:

Checking Account Number:

**All parties with Signature Authority for Lobbyist’s Official Action Checking Account**

Full Name: N/A

Address:

City: State: Zip Code:

Full Name:

Address:

City: State: Zip Code:

I understand that I must file an Annual Registration Renewal every twelve months after the date of this registration, as long as I continue to perform lobbyist activities, as defined in the Lobbyist and Lobbyist Organization Registration and Disclosure Ordinance. In the event any change occurs in the above information, including but not limited to, new official actions supported or opposed, I am required to notify the City Clerk of changes within one month of such occurrence.

**I swear or affirm that the above information is true and correct to the best of my knowledge**

Signature:  

Date: 11/19/18