

Date Filed: 10/21/2011
 Elaine F. Marshall
 NC Secretary of State
 Y201131400019

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Lobbying Compliance Division

Elaine F. Marshall, Secretary of State

Lobbying Compliance Division

2011 Principal Expense Report Form [S.L. 2011-393 (SB 620)]**

For monthly and quarterly reports with reportable expenditures; if you have no reportable expenditure, use Form PR-EZ Zero Expense Short Form.

Mailing Address: Lobbying Compliance Division
 Department of the Secretary of State
 P. O. Box 29622
 Raleigh, NC 27626-0622

Street Address: 2 South Salisbury Street
 Raleigh, NC 27601-2903

Phone: (919) 807-2170
 Fax: (919) 807-2205
 E-Mail: lobbyistfiling@sosnc.com
 Web: www.secretary.state.nc.us/lobbyists/lobforms.aspx
 (See "Download Forms" for Affidavit of Electronic
 Filing Without Electronic Notarization, Form PR-AF)

Amended Report: (Check if amending previously filed report.)

Original Report Tracking #

Period:

Month Ended

X Quarter Ended September 30, 2011

 Quarter Ended December 31, 2011

**If this is your final report for the registration year, complete Part IV with cumulative combined lobbyist payments for service.

Complete Name of Principal: Time Warner Entertainment-Advance/Newhouse Partnership d/b/a Time Warner Cable

If the registered lobbyist principal has directed any lobbyist listed below to lobby on behalf of an unregistered associated entity, the principal must complete and attach Schedule PR-QAE to this quarterly report. The absence of such attachment constitutes the authorized officer's affirmative statement under oath that there are no such unregistered associated entities pursuant to G.S. §120C-403(b)(6) to disclose for the reporting period.

Name(s) of Lobbyist(s) as Registered: Wade H. Hargrove, Brad Phillips, Mark J. Prak, Samuel Thomas Roberson,
 Jack Stanley, Marcus Trathen

Include all lobbyists registered during any portion of this reporting period, including interim resignations/terminations.

Part I: Reportable Expenditures

Note: If 15 or less designated individuals ("DIs") are benefited, list by name; if more than 15, list approximate number benefited and basis for their selection; i.e., the name of the legislative body, committee or caucus or the name of the public servant group whose membership list is a matter of public record under NCGS §132-1, or some other description that clearly distinguishes the group's purpose or composition. If DIs' immediate family members are benefited, state separately.

*Expense Codes

TL	Transportation and Lodging	FB	Food and Beverages	GI	Gifts
EN	Entertainment	ME	Meetings and Events	OT	Other

Section A. Principal Made Directly

Date	Description of Expenditure, Payee/Beneficiary and Address	Designated Individual(s) or Immediate Family Member(s) Benefited	*Exp. Code	Amount
Expenditures Reportable This Period: (Do not reenter detail for any previously reported monthly expense; instead, check appropriate month's box below and incorporate the section's total from the monthly report by reference; enter detail for newly reported expenses only.)				
8/4/2011	ALEC State Night/Mardi Gras World, New Orleans, LA. Each attending designated individual received food/beverage valued at \$59.00	42 Members of the NC General Assembly/General Assembly Staff that attended State Night	FB	\$ 40.62
8/4/2011	ALEC State Night/Mardi Gras World, New Orleans, LA. Each attending designated individual guest/family member received food/beverage valued at \$59.00	29 family members/invited guests of attending General Assembly Staff	FB	\$ 28.05
8/4/2011	ALEC State Night/Mardi Gras World, New Orleans, LA. Each attending designated individual was allocated \$52.44 in facility/rental fees	42 Members of the NC General Assembly/General Assembly Staff that attended State Night	OT	\$ 36.33
8/4/2011	ALEC State Night/Mardi Gras World, New Orleans, LA. Each attending designated individual guest/family member were allocated \$52.44 in facility/rental fees	29 family members/invited guests of attending General Assembly Staff	OT	\$ 25.09
This Period's Subtotal (Must enter total or "0")				\$ 130.09
<input type="checkbox"/> For Quarterly Report Only: Check and enter any subtotal reported on a monthly report for first month of quarter →				

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Do not staple; type, print in ink or file electronically; attach additional pages as necessary.

<input type="checkbox"/> For Quarterly Report Only: Check and enter any subtotal reported on a monthly report for second month of quarter →	
<input type="checkbox"/> For Quarterly Report Only: Check and enter any subtotal reported on a monthly report for third month of quarter →	

Quarterly Total (Must enter total or "0")

\$ 130.09

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Section B. Principal Reimbursed to Lobbyist (check below if also reported on lobbyist's report)

Date	Description of Expenditure, Payee/Beneficiary and Address	Name of Lobbyist	↓ √	Designated Individual(s) or Immediate Family Member(s) Benefited	*Exp. Code	Amount
Expenditures Reportable This Period: <i>(Do not reenter detail for any previously reported monthly expense; instead, check appropriate month's box below and incorporate the section's total from the monthly report by reference; enter detail for newly reported expenses only.)</i>						
This Period's Subtotal (Must enter total or "0")						\$0
<input type="checkbox"/> For Quarterly Report Only: Check and enter any subtotal reported on a monthly report for first month of quarter →						
<input type="checkbox"/> For Quarterly Report Only: Check and enter any subtotal reported on a monthly report for second month of quarter →						
<input type="checkbox"/> For Quarterly Report Only: Check and enter any subtotal reported on a monthly report for third month of quarter →						
Quarterly Total (Must enter total or "0")						\$0

Part II: Contractual Arrangements, Promises, Obligations and/or Direct Business Relationships In Effect During Previous 12 Months

Effective Date(s)	Description of Contractual Arrangement, Promise, Obligation or Direct Business Relationship	Applicable Designated Individual ("DI") or DI Immediate Family Member	Amount or Other Consideration (Value)
Expenditures Reportable This Period: <i>(Do not reenter detail for any previously reported monthly expense; instead, check appropriate month's box below and incorporate the section's total from the monthly report by reference; enter detail for newly reported expenses only.)</i>			
This Period's Subtotal (Must enter total or "0")			\$0
<input type="checkbox"/> For Quarterly Report Only: Check and enter any subtotal reported on a monthly report for first month of quarter →			
<input type="checkbox"/> For Quarterly Report Only: Check and enter any subtotal reported on a monthly report for second month of quarter →			
<input type="checkbox"/> For Quarterly Report Only: Check and enter any subtotal reported on a monthly report for third month of quarter →			
Quarterly Total (Must enter total or "0")			\$0

Part III: Solicitation of Others Exceeding \$3,000.00

Date(s) of Solicitation	Description of Solicitation	Payee/Beneficiary and Address	Expense Amount
Expenditures Reportable This Period: <i>(Do not reenter detail for any previously reported monthly expense; instead, check appropriate month's box below and incorporate the section's total from the monthly report by reference; enter detail for newly reported expenses only.)</i>			
This Period's Subtotal (Must enter total or "0")			\$0
<input type="checkbox"/> For Quarterly Report Only: Check and enter any subtotal reported on a monthly report for first month of quarter →			
<input type="checkbox"/> For Quarterly Report Only: Check and enter any subtotal reported on a monthly report for second month of quarter →			
<input type="checkbox"/> For Quarterly Report Only: Check and enter any subtotal reported on a monthly report for third month of quarter →			
Quarterly Total (Must enter total or "0")			\$0

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****Part IV: Payment for Services**

PURSUANT TO S.L. 2011-393 (SB 620), EFFECTIVE FOR REPORTS FILED ON OR AFTER OCTOBER 1, 2011, COMPLETE THIS SECTION ON THE PRINCIPAL'S FINAL QUARTERLY REPORT FOR THE REGISTRATION YEAR ONLY (4 th QUARTER UNLESS ALL LOBBYISTS OF PRINCIPAL TERMINATED IN EARLIER QUARTER).	CUMULATIVE COMBINED 2011 PAYMENT FOR SERVICES
Enter the dollar amount of the cumulative combined total of such payments for the registration year for all lobbyists of the principal named on this quarterly report and the payees thereof. Payees:	\$
Enter the dollar amount of the cumulative combined total of such payments for the registration year for all resigned or terminated lobbyists of the principal not listed on this quarterly reported prior to October 1, 2011, on a Form PR-APL under prior law.	\$
Enter the dollar amount of the cumulative combined total of such payments for the registration year for all lobbyists of the principal listed on a separate principal expense report for this quarter.	\$
Total cumulative combined payment for services for all lobbyists of the principal registered in 2011.	\$

Part V: Certification and Notarization**IMPORTANT INSTRUCTIONS FOR PRINCIPAL OFFICER AND NOTARY**

UNLESS CERTIFYING AN E-MAILED REPORT VIA AFFIDAVIT (SEE WEBSITE FOR SEPARATE FORM PR-AF), ALL BLANKS MUST BE COMPLETED WITH PRINTED NAME OF AUTHORIZED OFFICER AND PRINTED NAME OF PRINCIPAL ENTITY, AND THE AUTHORIZED OFFICER MUST SIGN AND DATE REPORT TO CERTIFY REPORT IN THIS SECTION. FOR QUARTERLY REPORT UNDER OATH, VENUE (STATE AND COUNTY WHERE NOTARIZED) AND JURAT MUST ALSO BE COMPLETED. SIGNATORY AUTHORIZED OFFICER MUST BE A PERSON OF RECORD WITH THE LOBBYING COMPLIANCE DIVISION FOR REPORTING PURPOSES IN CURRENT YEAR. WARNING: INCOMPLETE CERTIFICATION OR NOTARIZATION MAY RESULT IN REJECTION OF REPORT.

STATE OF North Carolina
 COUNTY OF Guilford

Jack Stanley, as an authorized officer of Time Warner Entertainment-Advance/Newhouse Partnership d/b/a Time Warner Cable,
 (Must Enter Printed Name of Authorized Officer) (Must Enter Printed Name of Principal Entity)

on behalf of the principal entity by its authority first duly given, or on his/her own behalf as an individual principal, being first duly sworn, hereby certifies that all information contained herein (including any attachments hereto) is true, complete and correct to the best of his/her knowledge and belief.

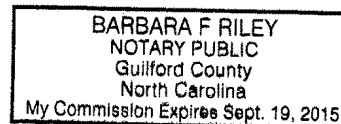
Jack W. Stanley
 Signature of Authorized Officer of Principal

10-21-11
 Date

Sworn to (or affirmed) and subscribed before me,
 this 21 day of October, 2011.

Barbara F. Riley
 Signature of Notary Public

Barbara F. Riley
 Printed Name of Notary Public



My commission expires: September 19, 2015

(NOTARY STAMP OR SEAL)

Part VI: Report Preparer's Identity/Signature

Printed Full Name of Report Preparer: _____

Signature of Report Preparer: _____

THIS SECTION SHOULD NOT BE COMPLETED UNLESS THE PREPARER OF THE REPORT IS A PERSON OTHER THAN THE SIGNATORY AUTHORIZED OFFICER WHO EXERCISED INDEPENDENT JUDGEMENT OR DISCRETION AS TO THE INFORMATION REPORTED HEREIN. THE SIGNATORY OFFICER'S SIGNATURE IS NOT REQUIRED IN THIS SECTION AND SIGNATURE HERE IS NOT SUFFICIENT TO CERTIFY REPORT UNDER OATH.