

Form PR-ER Page 1 of 3 (Rev. 10/01/11)

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

FILED & RECEIVED

OCT 21 2011



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 27601-2903Phone: (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 _____

 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: North Carolina Cable Telecommunications Association*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: Elizabeth Biser, Wade H. Hargrove, Charles Marshall, Mark J. Prak,
Marcus Trathen, Constance K. Wilson*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.)				
August 6-8, 2011	North Carolina Cable Telecommunications Association Annual Meeting in Asheville. Representative Marilyn Avila a speaker at meeting.	Representative Marilyn Avila	FB	\$ 290.00
		Representative Marilyn Avila	TL	471.00
		Alex Avila - spouse	FB	185.50
		Alex Avila - spouse	ENT	99.00
This Period's Subtotal (Must enter total or "0")				\$ 1,045.50
<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")				\$ 1,045.50

Form PR-ER Page 2 of 3 (Rev. 10/01/11)

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

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

Form PR-ER Page 3 of 3 (Rev. 10/01/11)

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

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

<i>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 (4th QUARTER UNLESS ALL LOBBYISTS OF PRINCIPAL TERMINATED IN EARLIER QUARTER).</i>	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 CERIFYING 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 Wake

Samuel Thomas Roberson, as an authorized officer of North Carolina Cable Telecommunications Association,
 (Must Enter Printed Name of Authorized Officer) (Must Enter Printed Name of Principal Entity)

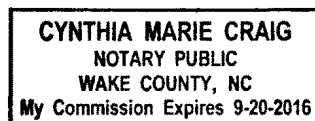
on behalf of the principal entity by its authority first duly given, or on his/her own behalf as an individual principal, being first duly sworn, hereby certifies that all information contained herein (including any attachments hereto) is true, complete and correct to the best of his/her knowledge and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

Samuel Thomas Roberson
 Signature of Authorized Officer of Principal

10/24/11
 Date

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

Cynthia Marie Craig
 Signature of Notary Public
Cynthia Marie Craig
 Printed Name of Notary Public



My commission expires: 9-20-2016

(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.

11/11/11

11/11/11

11/11/11

11/11/11

11/11/11

11/11/11