

**AMENDMENT NO. 6  
INCORPORATED COUNTY OF LOS ALAMOS  
SERVICES AGREEMENT NO. AGR3334-08**

This **AMENDMENT NO. 6** is entered into by and between the **Incorporated County of Los Alamos**, an incorporated county of the State of New Mexico ("County"), and **Scott Scanland**, a Sole Proprietor ("Consultant"), to be effective for all purposes July 1, 2017.

**WHEREAS**, County and Contractor entered into Agreement No. AGR3334-08, dated September 17, 2007, Amendment No. 1, AGR3334-08-A1, dated November 19, 2007, Amendment No. 2, dated July 1, 2010, Amendment No. 3, dated November 2, 2011, Amendment No. 4, dated July 1, 2013; and Amendment No. 5, dated July 1, 2014 (as amended, the "Agreement") for Lobbyist Services for Los Alamos County; and

**WHEREAS**, the Lobbyist Services are ongoing, and County and Consultant wish to amend the term of the Agreement and increase the compensation accordingly; and

**WHEREAS**, County Council approved this Amendment at a public meeting held on June 6, 2017.

**NOW, THEREFORE**, for good and valuable consideration, County and Consultant agree as follows:

To delete **SECTION B. TERM**, in its entirety and replace it with the following:

**SECTION B. TERM:** The term of this Agreement shall commence September 17, 2007, and shall continue until June 30, 2020, unless sooner terminated, as provided herein.

To delete **SECTION C. COMPENSATION**, in its entirety and replace it with the following:

**SECTION C. COMPENSATION:**

**1. Amount of Compensation.**

- a. County shall pay compensation for the performance of the Services for the period of July 1, 2014 through June 30, 2020 in an amount not to exceed TWO HUNDRED FIVE THOUSAND TWO HUNDRED NINETY THREE AND 42/100 DOLLARS (\$205,293.42), plus applicable New Mexico gross receipts taxes ("NMGRT"). Compensation for the period of July 1, 2017 through June 30, 2020 shall be paid as follows:

July 1, 2017 – June 30, 2018 = \$34,215.57  
July 1, 2018 – June 30, 2019 = \$34,215.57  
July 1, 2019 – June 30, 2020 = \$34,215.57

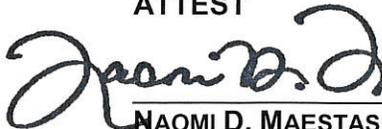
- b. In addition, County shall pay reimbursable expenses in an amount not to exceed SIX THOUSAND DOLLARS (\$6,000.00), at TWO THOUSAND DOLLARS (\$2,000.00) per year for an annual subscription to New Mexico Legislative Reports and refreshments for the Annual Legislative Dinner. Said reimbursable expenses shall be paid upon submission of an itemized invoice and supporting expenditure receipts.

c. The total paid, pursuant to this Agreement, shall not exceed FOUR HUNDRED TWENTY-FIVE THOUSAND SIX HUNDRED SEVEN AND 42/100 DOLLARS (\$425,607.42).

Except as expressly modified by this Amendment No. 6, the terms and conditions of the Agreement remain unchanged and in effect.

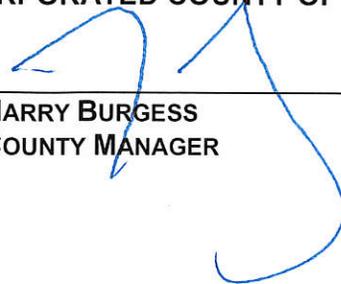
**IN WITNESS WHEREOF**, the parties have executed this Amendment No. 6 on the date(s) set forth opposite the signatures of their authorized representatives to be effective for all purposes on the date first written above.

ATTEST

  
\_\_\_\_\_  
NAOMI D. MAESTAS  
COUNTY CLERK

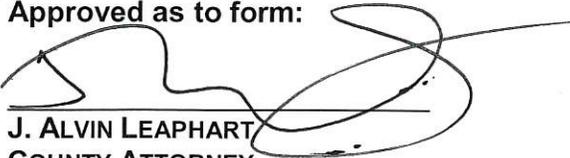


INCORPORATED COUNTY OF LOS ALAMOS

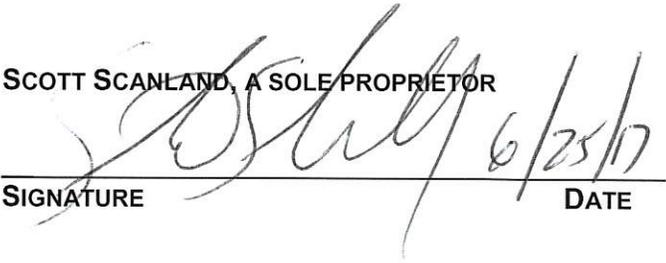
  
\_\_\_\_\_  
HARRY BURGESS  
COUNTY MANAGER

6/16/17  
\_\_\_\_\_  
DATE

Approved as to form:

  
\_\_\_\_\_  
J. ALVIN LEAPHART  
COUNTY ATTORNEY

SCOTT SCANLAND, A SOLE PROPRIETOR

  
\_\_\_\_\_  
SIGNATURE

6/25/17  
\_\_\_\_\_  
DATE



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/22/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b>  JOHN SAPIEN, AGENT PO DRAWER 310 BERNALILLO, NM 87004	<b>CONTACT NAME:</b> JOHN SAPIEN <b>PHONE (A/C, No, Ext):</b> 505-867-25353 <b>E-MAIL ADDRESS:</b> JOHN@JOHNSAPIEN.COM		<b>FAX (A/C, No):</b> 505-867-1751
	<b>INSURER(S) AFFORDING COVERAGE</b>		
<b>INSURED</b> SCOTT SCANLAND DBA NEW MEXICO GOVERNMENT AFFAIRS 4301 SUMMIT LN LAS CRUCES, NM 88011-7550	<b>INSURER A:</b> State Farm Fire and Casualty Company		<b>NAIC #</b> 25143
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADOL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
Y	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	91-BH-K102-7 F	01/24/2017	01/24/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NM) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE    OTH-ER F.L. EACH ACCIDENT \$ F.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 BUSINESS MISCELLANEOUS POLICY

<b>CERTIFICATE HOLDER</b> LOS ALAMOS COUNTY 1000 CENTRAL AVE LOS ALAMOS, NM 87544	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b> 