



**STATE OF NEW MEXICO  
OFFICE OF THE SECRETARY OF STATE**

Bureau of Elections, Ethics Administration  
325 Don Gaspar, Suite 300, Santa Fe, New Mexico 87501  
Phone: (505) 827-3600 Toll-Free: (800) 477-3632  
Fax: (505) 827-8403

## 2018 Financial Disclosure Statement

### What to file:

The Financial Disclosure Act, NMSA 1978 §10-16A-1 to 10-16A-8, requires the disclosure of specific financial interests by certain individuals as described below. You may find this form along with additional information on the Office of the New Mexico Secretary of State’s website: [Financial Disclosure Overview](#). Please contact the Bureau of Elections with any questions.

The term “financial interest” is defined as “interest held by an individual or his/her spouse that is (1) an ownership interest in business; or (2) any employment or prospective employment for which negotiations have already begun.”

### When to file:

<b>Who Must Disclose</b>	<b>Submit Disclosure Statement</b>
Candidates for legislative and statewide offices.	At the time a declaration of candidacy or nominating petition is filed.
Incumbents in legislative and statewide offices.	During the month of January.
A state agency head or official whose appointment to a board or commission is subject to senate confirmation.  Member of the insurance nominating committee.	Within 30 days of appointment and during the month of January every year thereafter.
State employees and public officials with financial interests that may be affected by their employment or service, but who are otherwise not required to file.	Prior to entering employment or assuming office and during the month of January every year thereafter.

### Where to file:

<b>Who Must Disclose</b>	<b>Proper Filing Officer</b>
Candidates for statewide office: Candidates for legislative office (single county districts): Candidates for legislative office (multi-county districts):	Office of the NM Secretary of State Applicable County Clerk’s Office Office of the NM Secretary of State
Incumbents for statewide office: Incumbents for legislative office (single county districts): Incumbents for legislative office (multi-county districts):	Office of the NM Secretary of State Applicable County Clerk’s Office Office of the NM Secretary of State
A state agency head or official whose appointment to a board or commission is subject to senate confirmation.  Member of the insurance nominating committee.	Office of the NM Secretary of State
State employees and public officials with financial interests that may be affected by their employment or service, but who are otherwise not required to file.	Office of the NM Secretary of State



**STATE OF NEW MEXICO  
OFFICE OF THE SECRETARY OF STATE**

Bureau of Elections, Ethics Administration  
325 Don Gaspar, Suite 300, Santa Fe, New Mexico 87501  
Phone: (505) 827-3600 Toll-Free: (800) 477-3632  
Fax: (505) 827-8403

## 2018 Financial Disclosure Statement

<b>1. REPORTING INDIVIDUAL – Contact Information</b>			
Please provide all information requested in the space below.			
Last Name	First Name	Middle	
Residence Address		Email Address	
City	State	Zip	
Mailing Address (If different from above)			
City	State	Zip	
<b>2. REPORTING INDIVIDUAL – Current Filing Status</b>			Date assumed office (for current term):
Please check the appropriate box and fill in <u>all</u> requested information as it is applicable on today's date.			<i>or</i>
			Date of current appointment/ employment:
<input type="checkbox"/> CANDIDATE FOR:	Office:		
<i>or</i>	District (if applicable):		
<input type="checkbox"/> INCUMBENT IN:			
<input type="checkbox"/> APPOINTED TO:	Board or Commission (subject to Senate Confirmation):		
<input type="checkbox"/> EMPLOYEE OF:	State agency:		
<b>3. REPORTING INDIVIDUAL - Employer Information</b>			
Employer		Employer's Phone Number	
P.O. Box or Street Address of Employer		City	State      Zip
Title or Position held by reporting individual		Nature of business or occupation	
<b>4. SPOUSE OF REPORTING INDIVIDUAL – Employer Information</b>			
Last Name	First Name	Middle	
Name of Spouse's Employer			
Address of Spouse's Employer			
City	State	Zip	
Spouse's title or position held		Nature of business or occupation	

**5. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – Income Source(s)  
Sources of Gross Income over \$5,000.00\***

*\*For the list of all sources, see page 4.*

In the space provided below, indicate **all** sources of gross income of **more than** \$5,000 during the prior calendar year to each person covered by this disclosure, i.e., reporting individual or their spouse or indicate not applicable.

Please note: Only the source(s) of income need to be reported. You do not need to report the amount received. If 'other', please include a brief description.

<b>Income source (*see pg. 4):</b>	<b>Received by (list the name of the reporting individual or spouse):</b>

**6. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE - Areas of Specialization**

If the reporting individual or their spouse is involved in a law practice, consulting operation or similar business, please include the information in the space provided below or indicate not applicable:

<b>Describe the major areas of specialization or sources of income.</b>	<b>Received by (list the name of the reporting individual or spouse):</b>

**7. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE - Consulting and/or Lobbying**

If the spouse or a person in the reporting person's or spouse's law firm, consulting operation or similar business is or was a registered lobbyist in the previous two years, disclose all clients represented:

<b>Client name &amp; address:</b>	<b>Represented by:</b> <i>List the name of the reporting individual's firm or spouse's firm.</i>

**8. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – Real Estate**

Real estate owned in New Mexico (other than personal residence):

<b>Owner</b>	<b>County</b>	<b>General Description</b>

**9. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – Other Business  
Business Interests over \$10,000.00**

List any other business interests in New Mexico of \$10,000 or more in the space provided:

<b>Name of business:</b>	<b>Position held:</b>	<b>General statement of business purpose:</b>	<b>Received by (list the name of the reporting individual or spouse):</b>

**10. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE  
Board Membership**

Memberships held by reporting individual or their spouse on boards of for-profit businesses in New Mexico:

Name of business:	Board member (list the name of the reporting individual or spouse):

**11. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – Professional License(s)**

Professional licenses held in New Mexico:

Type of license:	Individual holding license (list the name of the reporting individual or spouse):

**12. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE  
Goods and/or Services Provided to State Agencies**

State agencies to which the reporting individual or their spouse provided goods or services to in excess of \$5,000 during the prior calendar year:

State agency to which goods and/or services were provided:	Individual providing goods or services (list the name of the reporting individual or spouse):

**13. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE  
State Agency Representation**

List each state agency before which you or your spouse represented or assisted a client during the past year:  
(do not include courts)

State agency (other than a court):	Individual assisting client (list the name of the reporting individual or spouse):

**14. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – General Information**

Provide other financial interest or additional information you believe should be noted to describe potential areas of interest that should be disclosed, or (as applicable) you believe or have reason to believe, may be affected by your official acts:


*\*Pursuant to NMSA 1978 § 10-16A-3 (C), income sources include: law practice or consulting operation or similar businesses, finance and banking, farming and ranching, medicine and health care, insurance (as a business and not as a payment on an insurance claim), oil and gas, transportation, utilities, general stock market holdings, bonds, government, education, manufacturing, real estate, consumer goods sales with a general description of the consumer goods and all "other" sources including a description of the sources.*

I hereby swear or affirm under penalty of perjury that the foregoing information is true, correct and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_