



**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

2020 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:

Who Must Disclose	Submit Disclosure Statement
Candidates for legislative and statewide offices.	At the time a declaration of candidacy or nominating petition is filed, <i>unless a candidate for legislative or statewide office who has not already filed a financial disclosure statement with the Secretary of State in the same calendar year. Section 10-16A-3 (B), NMSA 1978; 2019 ch. 212 § 214.</i>
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:

Who Must Disclose	Proper Filing Officer
Candidates for statewide office: Candidates for legislative office:	Office of the NM Secretary of State Applicable County Clerk’s Office
Incumbents for statewide office: Incumbents for legislative 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



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2020 Financial Disclosure Statement

1. REPORTING INDIVIDUAL – Contact Information			
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	
2. REPORTING INDIVIDUAL – Current Filing Status			Date assumed office (for current term):
Please check the appropriate box and fill in all requested information as it is applicable on today's date. <i>Note: If Section 4 through 14 do not apply, please indicate with, <u>Not Applicable</u>.</i>			<i>or</i> Date of current appointment/ employment:
<input type="checkbox"/> CANDIDATE FOR: <i>or</i>	Office:		
<input type="checkbox"/> INCUMBENT IN:	District (if applicable):		
<input type="checkbox"/> APPOINTED TO:	Board or Commission (subject to Senate Confirmation):		
<input type="checkbox"/> EMPLOYEE OF:	State agency:		
3. REPORTING INDIVIDUAL - Employer Information			
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	
4. SPOUSE OF REPORTING INDIVIDUAL – Employer Information			
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***

**See bottom of page 4 for the list of all sources.*

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.

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

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:

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

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:

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

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

A general description of the type of Real Estate owned in New Mexico (other than personal residence):

Owner	County	General Description

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

List all other New Mexico business interests not otherwise listed of \$10,000 or more in the space provided:

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

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

All Memberships held by the reporting individual and the individual's 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)

All New Mexico Professional licenses held:

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, other than a court, before which a person covered in the disclosure statement represented or assisted clients in the course of the person's employment during the prior calendar year:

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 (D), 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 the category "other", with direction that the income source be similarly described.*

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: _____