



**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

2025 Financial Disclosure Report

1. REPORTING INDIVIDUAL – Contact Information			
Please provide all information requested in the space below.			
Last Name XXXXXXXXXX	First Name XXXXXX	Middle Name XXXX	
Residence Address XXXX XXXXXXXXXXX XXXXX	Email Address XXXXXXXXXXXXXXXXXX		
City XXXXXXXXXX	State XX	Zip XXXXX	
Mailing Address XXXX XXXXXXXXXXX XXXXX			
City XXXXXXXXXX	State XX	Zip XXXXX	
2. REPORTING INDIVIDUAL – Current Filing Status		Date assumed office (for current term): or Date of current appointment/ employment	
Please check the appropriate box and fill in all requested information as it is applicable on today's date			
Reporting individual	Office / Board or Commission / Agency Name	Date Assumed Office, Employed, or Appointed	
XXXXXXXXXX	XXXXX XXXXXXXXXXX	XXXXX	
3. REPORTING INDIVIDUAL - Employer Information			
Employer XXXXX XXXXXXXXXXX	Employer's Phone Number		
P.O. Box or Street Address of Employer XXXX XXXXXXXXXXX XXXXX	City XXXXXXXXXX	State XX	Zip XXXXX
Title or Position held by reporting individual	Nature of business or occupation		
4. SPOUSE OF REPORTING INDIVIDUAL – Employer Information			
Last Name XXXXXXXXXX	First Name XXXXXX	Middle XXXX	

Name of Spouse's Employer
XXXXX XXXXXXXXXXXX

Address of Spouse's Employer
XXXX XXXXXXXXXXXX XXXXX

City XXXXXXXXXX	State XX	Zip XXXXX
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Spouse's title or position held XXXXX XXXXXXXXXXXX	Nature of business or occupation XXXXX XXXXXXXXXXXX
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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.**

Income source (*see pg. 4): XXXXX XXX XXXXXXX XXXX XXXXXXX	Received by (list the name of the reporting individual or spouse): XXXXX XXXXXXXXXXXX
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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. XXXXX XXX XXXXXXX XXXX XXXXXXX	Received by (list the name of the reporting individual or spouse): XXXXX XXXXXXXXXXXX
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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: XXXXX XXX XXXXXXX XXXX XXXXXXX	Represented by: List the name of the reporting individual's firm or spouse's firm XXXXX XXXXXXXXXXXX
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8. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – Real Estate

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

Owner XXXXX XXXXXXXXXXXX	County XXXXXXXXXX	General Description XXXXX XXX XXXXXXX XXXX XXXXXXX
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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:

Name of business: XXXXX XXXXXXXXXXXX	Position held: XXXXXXXXXX	General statement of business purpose: XXXXX XXX XXXXXXX XXXX	Received by (list the name of the reporting individual or spouse): XXXXX XXXXXXXXXXXX
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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):
XXXXX XXX XXXXXX XXXX XXXXXX	XXXXX XXXXXXXXXXXX

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):
XXXXX XXX XXXXXX XXXX XXXXXX	XXXXX XXXXXXXXXXXX

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):
XXXXXXXXXX XX XXXXXXXXXXXXX	XXXXX XXXXXXXXXXXX

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):
XXXXXXXXXX XX XXXXXXXXXXXXX	XXXXX XXXXXXXXXXXX

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:

XXXXXXXXXX XX XXXXXXXXXXXXX XXX XXXX X XXXXX XX XXX XXXXXX

**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:
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Printed Name: