



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

Bureau of Elections, Ethics Administration
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Fax: (505) 827-8403

EXHIBIT
C

2020 Financial Disclosure Statement

TYPE OF FILING AND CURRENT FILING STATUS				
Please select the appropriate filing and provide all requested information for the prior calendar year. *If filing an amendment, please provide only the amended information.				
<input type="checkbox"/> Filing an annual statement			<input type="checkbox"/> Amendment to annual statement	
<input type="checkbox"/> Filing with declaration of candidacy			<input type="checkbox"/> Amendment to declaration of candidacy filing	
<input type="checkbox"/> Filing within 30 days of appointment			<input type="checkbox"/> Amendment to within 30-days of appointment filing	
Please provide the requested information for the appropriate filing status for the prior calendar year.				
A. Annual filing for legislator, statewide office holder, agency head, senate confirmed member of a board or commission, member of the insurance nominating committee, or certain public officers and employees:	State agency, board, commission, or Legislative or Judicial position	District	Start date of current employment, appointment, or term	Year of initial filing of financial disclosure statement
B. Candidate for legislative or statewide office		Office	District	Date first assumed office
C. Filing within 30 days of appointment (subject to Senate Confirmation)		State agency, board or commission	Length of term	Start date of current employment or appointment
1. Contact Information				
A. Reporting Individual		Please provide all requested information		
Last name	First name		Middle	
Residence Address			Email address	
City	State		Zip	
Mailing address (if different from above)				
City	State		Zip	
B. Spouse – if no spouse, indicate “N/A”		<input type="checkbox"/> Check if you had a spouse during prior calendar year		
Last name	First name		Middle	

2. Employer Information

Please provide all requested information for each employer including self-employment.
***Attach a separate sheet if employer information exceeds space provided below.**

If earn more than \$5,000 from an employer or self-employment, the income must be reported under Section 3, "Sources of Gross Income Over \$5,000."

A. Reporting Individual		Number of employers (including self-employment):		
Employer Name (indicate if self-employed)		Employer Phone Number		
P.O. Box or Street Address of Employer		City	State	Zip
Title or Position		Nature of Business		
2 nd Employer Name		2 nd Employer Phone Number		
P.O. Box or Street Address of 2 nd Employer		City	State	Zip
Title or Position		Nature of Business		
B. Spouse – if no spouse, indicate "N/A"		Number of Employers (including self-employment):		
Employer Name (indicate if self-employed)		Employer Phone Number		
P.O. Box or Street Address of Employer		City	State	Zip
Title or Position		Nature of Business		
2 nd Employer Name		2 nd Employer Phone Number		
P.O. Box or Street Address of 2 nd Employer		City	State	Zip
Title or Position		Nature of Business		

3. Sources of Gross Income Over \$5,000

Identify sources of income by the following categories: law practice or consulting operation or similar business; finance and banking; farming and ranching; medicine and healthcare; insurance (as a business); oil & gas; transportation; utilities; general stock market holdings; bonds; government; education; manufacturing; real estate; or consumer goods sales (describe goods with a general description). If "Other" income received, provide a similar general description. You do not need to list the amount received.

***Attach a separate sheet if sources of gross income over \$5,000 exceed space provided below.**

If income was received jointly, report under "A. Reporting Individual" and mark as joint income.

A. Reporting Individual		Number of Total Income Sources	
1 st Income Source		Brief description if consumer goods sales or "Other" source	
<input type="checkbox"/> Check if income source is jointly received			
2 nd Income Source		Brief description if consumer goods sales or "Other" source	
<input type="checkbox"/> Check if income source is jointly received			

3 rd Income Source	Brief description if consumer goods sales or "Other" source
<input type="checkbox"/> Check if income source is jointly received	
B. Spouse– if no spouse, indicate "N/A"	Number of Total Income Sources
1 st Income Source	Brief description if consumer goods sales or "Other" source
2 nd Income Source	Brief description if consumer goods sales or "Other" source
3 rd Income Source	Brief description if consumer goods sales or "Other" source

4. Law Practice, Consulting Operation or similar business

A. Reporting Individual	Indicate "N/A" if not applicable	<input type="checkbox"/> Check if registered lobbyist
Major area of Specialization	Income Source	
Client Name(s) – if registered lobbyist *Attach a separate sheet if number of clients exceed space below.	Client Address(es) – if registered lobbyist	
B. Spouse– if no spouse, indicate "N/A"	Indicate "N/A" if not applicable	<input type="checkbox"/> Check if registered lobbyist
Major area of Specialization	Income Source	
Client Name(s) – if registered lobbyist *Attach a separate sheet if number of clients exceed space below.	Client Address(es) – if registered lobbyist	

5. Real Estate Owned in New Mexico (other than personal residence)

*If investment property or rental property is producing more than \$5,000 gross income, the income must be reported under Section 3, "Sources of Gross Income Over \$5,000."

A. Reporting Individual	If property is jointly owned, report under "A. Reporting Individual" and mark as joint property.		
General Description *Attach a separate sheet if real estate listings exceed space below.	Indicate with whom the property is jointly owned	County	
<input type="checkbox"/> Check if jointly owned			<input type="checkbox"/> Check if producing gross income greater than \$5,000.
<input type="checkbox"/> Check if jointly owned			<input type="checkbox"/> Check if producing gross income greater than \$5,000.
<input type="checkbox"/> Check if jointly owned			<input type="checkbox"/> Check if producing gross income greater than \$5,000.

B. Spouse— if no spouse, indicate “N/A”		If property is jointly owned, report under “A. Reporting Individual” and mark as joint property.	
General Description *Attach a separate sheet if real estate listings exceed space below.	Indicate with whom the property is jointly owned	County	
<input type="checkbox"/> Check if jointly owned			<input type="checkbox"/> Check if producing gross income greater than \$5,000.
<input type="checkbox"/> Check if jointly owned			<input type="checkbox"/> Check if producing gross income greater than \$5,000.
<input type="checkbox"/> Check if jointly owned			<input type="checkbox"/> Check if producing gross income greater than \$5,000.

6. New Mexico Business Interests

Not otherwise listed and in which the reporting individual holds an ownership stake, has invested, has a financial interest in, or is at risk of losing \$10,000 or more.

***Attach a separate sheet if business interests exceed space below.**

A. Reporting Individual		If business interests are producing gross income over \$5,000, report in Section 3, “Sources of Gross Income Over \$5,000.”	
Name of Business or Entity *Please spell out acronyms		Position Held	General statement of business/entity purpose
	<input type="checkbox"/> Check if business interest produces gross income over \$5,000		
	<input type="checkbox"/> Check if joint interest with spouse		
	<input type="checkbox"/> Check if business interest produces gross income over \$5,000		
	<input type="checkbox"/> Check if joint interest with spouse		
B. Spouse – if no spouse, indicate “N/A”		If business interests are producing gross income over \$5,000, report in Section 3, “Sources of Gross Income Over \$5,000.”	
Name of Business or Entity *Please spell out acronyms		Position Held	General statement of business/entity purpose
	<input type="checkbox"/> Check if business interest produces gross income over \$5,000		
	<input type="checkbox"/> Check if joint interest with spouse		
	<input type="checkbox"/> Check if business interest produces gross income over \$5,000		
	<input type="checkbox"/> Check if joint interest with spouse		

7. For-Profit Business Board Membership

A. Reporting Individual	
For-Profit Business Name	
	<input type="checkbox"/> Check if board membership gross income over \$5,000 was received, report in Section 3, “Sources of Gross Income Over \$5,000.”
	<input type="checkbox"/> Check if board membership gross income over \$5,000 was received, report in Section 3, “Sources of Gross Income Over \$5,000.”

B. Spouse – if no spouse, indicate “N/A”	
For-Profit Business Name	
	<input type="checkbox"/> Check if board membership gross income over \$5,000 was received. Report in Section 3, “Sources of Gross Income Over \$5,000.”
	<input type="checkbox"/> Check if board membership gross income over \$5,000 was received. Report in Section 3, “Sources of Gross Income Over \$5,000.”
8. New Mexico Professional License	
A. Reporting Individual	
Type of license (e.g. law, architect, securities broker/dealer, investment advisor, professional engineer, etc.)	
B. Spouse – if no spouse, indicate “N/A”	
Type of license (e.g. law, architect, securities broker/dealer, investment advisor, professional engineer, etc.)	
9. Goods or Services to State Agency in excess of \$5,000	
A. Reporting Individual	
State Agency	
	<input type="checkbox"/> Check if gross income over \$5,000 was received. Report in Section 3, “Sources of Gross Income Over \$5,000.”
	<input type="checkbox"/> Check if gross income over \$5,000 was received. Report in Section 3, “Sources of Gross Income Over \$5,000.”
B. Spouse – if no spouse, indicate “N/A”	
	<input type="checkbox"/> Check if gross income over \$5,000 was received. Report in Section 3, “Sources of Gross Income Over \$5,000.”
	<input type="checkbox"/> Check if gross income over \$5,000 was received. Report in Section 3, “Sources of Gross Income Over \$5,000.”
10. State Agency before which Represented or Assisted Clients	
A. Reporting Individual	
State Agency (other than a court)	
	<input type="checkbox"/> Check if gross income over \$5,000 was received. Report in Section 3, “Sources of Gross Income Over \$5,000.”
	<input type="checkbox"/> Check if gross income over \$5,000 was received. Report in Section 3, “Sources of Gross Income Over \$5,000.”
B. Spouse – if no spouse, indicate “N/A”	
State Agency (other than a court)	
	<input type="checkbox"/> Check if gross income over \$5,000 was received. Report in Section 3, “Sources of Gross Income Over \$5,000.”
	<input type="checkbox"/> Check if gross income over \$5,000 was received. Report in Section 3, “Sources of Gross Income Over \$5,000.”

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

Signature: _____ Date: _____

Printed Name: _____