☐ Anı	nual Filing			to the second
☐ Fili	ing with Decla	ration of Candidacy		
<b>▼</b> Wi	thin 30 days o	f Appointment/Hire	·	
1. REPORTIN	NG INDIVIDUA	L		
FULL NAME	Last mame	First name	Middl	Ann
RESIDENT	Berumen-Deine	s Yolanda	Email Address	
ADDRESS				
and EMAIL ADDRESS	1844 Tom Bolt		yoli_deine	s@att.net
	Clty El Paso	State Texas	<sup>Zip</sup> 79936	(915)593-5031
MAILING ADDRESS	P.O. Box or Street Add	Same as above		·
	City	State		Zip
Filing Status (pl	ease check the ap	propriate box and fill in the requ	ested information)	
Candidate	e for	office	Date appointed	i, Assumed Office or Hiresi
Incumben	t in	оПісе		
X Appointed		haard or commission subject to Sonato Conf	irmstias	
Appointed.	l to	Cabinet Secretary of CYFD	·	
Public offi	icer with	agency		
☐ Employee	of	agency		
Employer Infor	mation			
Fill name Walter [	Deines & Yolanda	a Deines (sole proprietorship)	Those # (915)772	2-8210
P.O. Dox or Street Add	ires	City	State Zip	
6501 Boeing Dr	., Ste. F-2	El Pas	•	79925
Title or position held			Nature of business or occupation	· · · · · · · · · · · · · · · · · · ·
Licensed Clinica	al Social Worker/	sale proprietor	Psychotherapist	

2. SPOUSE									
FULL NAME	Last name	First name	Middle \A/:	line					
EMPLOYER	Deines Name	Walter	VVI	lliam					
	Self-employed	Self-employed (sole proprietorship)							
	Address 6501 Boeing	Dr., Ste. F-2							
	City El Paso	Smit Texas	<sup>Zip</sup> 79925	**************************************					
	Speake's title or position be	ld	Nature of husiness or occ	erna fizza					
	Licensed Clinical S	ocial Worker/sole proprieto	Psychotherapist						
3. SOURCES C	OF GROSS INCOM	ME OVER \$5,000 (act	ual dollar amount	not required)					
	Category			Received by					
Retirement from TD	HS		Self & Spouse						
Salary from Self-em	ployment		Self & Spouse						
Social Security									
			Spouse						
4 TONEY									
· LORRAIST	The second secon	ouse or firm, if applic	able)						
	Name		Address						
Vone									
				·					
	· · · · · · · · · · · · · · · · · · ·								
. REAL ESTA	TE IN NEW MEX	ICO (other than perso	onal residence)						
Owner	County		General descrip	tion					
lone									
	· · · · · · · · · · · · · · · · · · ·	None							
		. ~	-						
. OTHER RUS	INESS INTEDES	IS IN NEW MEXICO	OF 614 646 65	ODD					
Name of busine				ORE					
	-os rositi	on held B	y whom	Purpose of business					
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lone	1	1	j						
lone	·								
lone				·					

7. MEMBERSHIPS ON BOARD OF FOR-PROFIT BUSI Name of business	
	Member
TVP Housing Corporation - President	Spouse
Rescue Mission of El Paso - Member	Spouse
3. PROFESSIONAL LICENSES IN NEW MEXICO (if an	у)
Туре	Licensee
None	
	·
. BUSINESS WITH STATE AGENCIES OVER \$5,000 (i	(any)
Agency	Seller
lone	
0. REPRESENTATION BEFORE STATE AGENCIES (o	
Agency	Representative
one	
1. ADDITIONAL INFORMATION	
. I hereby swear or affirm under penalty of perjury that the	e foregoing information is true correct and
mplete to the best of my knowledge.	
gnature: Johanda Dusumen Neines D	1/4/11
	atc
YOLANDA BERUMEN-DEINES	

☐ An	nual Filing	•				
□ Fili	ing with Deck	aration of Candidacy	•			
		of Appointment/Hire				
	NG INDIVIDU		<del></del>			<u>,</u>
FULL NAME	Last name	First name		Middle		·
	Martinez	Concepcion		Middle	Guadalupe	
RESIDENT	Address		Em	ail Address		<del></del>
ADDRESS						
and EMAIL	4691 Elks Roa	.d	luj	pe.martin	ez1@state.nm.us	
ADDRESS	City	State				
	Las Cruces	s NM	Zip 88007		Phone #	
MAILING	P.O. Box or Street Ac			·····	575-644-8974	
ADDRESS		same as above				
	City	State			Zip	<del></del>
Filing Status (nl.	ense check the m	ppropriate box and fill in the reque	4.1: 7			
- tang otatus (pa	сизе спеск ше и	proprime vox and jui in the reque	stea information)		•	
	•	office	Dar	te appointed,	Assumed Office or Hired	
L Candidate	ior					
Incumben	t in	office				
		board or commission subject to Senate Confi	rmation			
X Appointed	to	Secretary of Corrections	1/01/2011			
Public offi	cer with	agency				
Employee	of	agency				
Employer Inform	nation			<del></del>	<del></del>	
Full name						
	des Dementes		Phone #		· · · · · · · · · · · · · · · · · · ·	
new we	xico Deparmen	t of Corrections	5	05-827-8	709	
P.O. Box or Street Addr	ess	City	State	Zip		
PO Box 27116		Santa	Eo		02-0116	
Fitle or position held			Nature of business or occ			
Secretary of Cor	rections		Correctional Adm			

2. SPOUSE			***************************************		
FULL NAME	Last name		First name	Middle	
EMPLOYER	Name	<del></del>			
	Address				
	City	State		Zip	
	Spouse's title or position held	<del></del>		Nature of business or oc	cupation
2 SOURCES OF	CDOSS BIGOVE	OTTER	7.000		•
5. SOURCES OF	GROSS INCOME Category	OVERS	55,000 (actual o	dollar amount	
					Received by
New Mexico Departmen	nt of Corrections		C	oncepcion Martin	ez
				<del></del>	
4 TOPPHIGE		-			
	CLIENTS (of spous	se or firm	, if applicable)		
	Name			Addre	SS
<del>-</del>					
	IN NEW MEXIC	O (other	than personal	residence)	
Owner	County			General descri	ption
Concepcion Martinez	Dona Ana	Residen	ce		
			·		
OTHER BUSIN	ESS INTERESTS	IN NEW	MEXICO OF	\$10,000 OR I	MORE
Name of business	Position		By who		Purpose of business
		· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>		
			<u></u>		

Name of business	Member
National Organization of Hignories in Original Last	
National Organization of Hispanics in Criminal Justice	President
New Mexico Women in Corrections	President (in-active)
8. PROFESSIONAL LICENSES IN NEW MEXICO (if any	·)
Туре	Licensee
). BUSINESS WITH STATE AGENCIES OVER \$5,000 (if	any)
Agency	Seller
0. REPRESENTATION BEFORE STATE AGENCIES (of	her than a court)
Agency	Representative
	·
1 ADDITIONAL PROPERTY	
1. ADDITIONAL INFORMATION	
. I hereby swear or affirm under penalty of perjury that the mplete to the best of my knowledge.	foregoing information is true, correct and
mplete to the best of my knowledge.	·
gnature: Consepcion Mode Da	ite: 1-/2-//
ncepcion Martinez	
(Printed name)	

#### 2011 FINANCIAL DISCLOSURE STATEMENT

**Annual Filing** 

Filing with Declaration of Candidacy

Within 30 days of Appointment/Hire

	NG INDIVIDU	JAL			
ULL NAME	Last name	First name		Middle	
	GONZALES	VERONIC	Α	NINE	Δ
ESIDENT	Address	12.101.10		Email Address	
DDRESS					
id EMAIL					
DDRESS	1020 Salaman	ana Straat NIM			
DURESS	City	State	Zip		Phone ₹
	Los Ranch		87107	7	505-379-7870
Andrewski (1986)	P.O. Box or Street A		1 0/10/	!	pus-3/9-/6/0
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DDRESS	C	same as above			100
	City	State		• • •	Zip
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ling Status (p	lease check the d	uppropriate box and fill in the r	equested information	n)	
		office		Date appointed, Assume	d Office or Hired
Candidat	e for				
<del></del>		office		·	
Incumber	nt in				
- Inclinioci	or in		0.5.6.		
1		board or commission subject to Senate			
Appointe	d to	Cabinet Secretary of NM D	epartment of Cultu	ral Affairs and Act	ting Secretary of Tourism, 1/03
Page 1		agency		· · · · · · · · · · · · · · · · · · ·	* X :
Public of	ficer with	1			•
	3 1900 3 1900	agency			· · · · · · · · · · · · · · · · · · ·
Employe	e of				
in the work of the hard The service	24-28-				
mployer Info	rmation				•
li name	· · · · · · · · · · · · · · · · · · ·		Phone		
			1 INUK		
Tides C	enter			415.561.6300	
D. Box or Street Ad	ldress	City	St	ate Zip	
) Box 29907		Sa	n Francisco, CA	94129-0907	
de or position held		. 04	Nature of business of		
	•			<b>F</b>	
oject Director	r		Non-profit		

			÷				
ULL NAME	Last name RYAN	<del></del>		rst-name	Middi		
MPLOYER	Name		<u>J</u> i	OHN		CHRISTOPHER	
		ol Consultar	nts, LLC				
	Address 1020	0 Salamanc	a NW			•	
	City	inchoo	State		Zip		
	Los Ranchos Spouse's title or position held		NM		87107 Nature of business		
	Owner	74 NA 200		Protesta	Business/Fed	leral Relations Expertise and Consu	
SOURCES (	OF GROSS	INCOMI	E OVER \$5	,000 (actual	dollar amou	int not required)	
Category						Received by	
isiness of Spouse				C	Capitol Consulta	ants, LLC (Spouse)	
nployer					īdes Center		
aproyor							
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ouse: Southwes	THE STREET	4.1	10				
ouse: Tri-State G				The State of the S	1 Sec. • 19 Sec. 5		
REAL ESTA		The Arthur Court	(otner i	nan person:	4 44 4		
Owner		County		* :-	General d	•	
tate of Vivian Gor	nzalesBernalillo	·	Not vet di	lot yet distributed by estate: Residential Home			
. 3.4 19 19 19 19 19 19 19 19 19 19 19 19 19				THE WAS A PROPERTY.			
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п	Guadelu	pe	Not yet di	Not yet distributed by estate: Land			
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. OTHER BU	SINESS IN	TEREST	S IN NEW	MEXICO C	F \$10,000 C	R MORE	
Name of business Position held		4 f	Byw	hom	Purpose of business		
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<u>., </u>			<del></del>				
	1						
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Name of business	Member
OFESSIONAL LICENSES IN NEW MEXICO (if	anv)
Type	Licensee
Tjpc	Licensee
e: Home Business License for Los Ranchos	Capitol Consultants, LLC
	·
SINESS WITH STATE AGENCIES OVER \$5,000	0 (if any)
Agency	Seller
·	
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EPRESENTATION BEFORE STATE AGENCIES	
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Agency	Representative
Agency	Кергезелтаtive
	Кергезелтаtive
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	Representative
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DDITIONAL INFORMATION  ereby swear or affirm under penalty of perjury that te to the heat of my knowledge.	at the foregoing information is true, correct and
DDITIONAL INFORMATION  ereby swear or affirm under penalty of perjury that the best of my knowledge.  e:	at the foregoing information is true, correct and
oy swear or affirm under penalty of perjury that the hest of my knowledge.  Gonzales	at the foregoing information is true, correct and
DITIONAL INFORMATION  reby swear or affirm under penalty of perjury that the best of my knowledge.  e:  N. Gonzales	at the foregoing information is true, correct and



#### State of New Mexico

Susana Martinez
Governor

January 10, 2011

Ms. Veronica N. Gonzales 1020 Salamanca Street NW Albuquerque, New Mexico 87107

Dear Ms. Gonzales,

I am pleased to take this opportunity to appoint you as Secretary of the Department of Cultural Affairs and Acting Secretary of the Department of Tourism, and do authorize and empower you to execute and fulfill the duties of that office according to law, and to uphold said office with the rights and emoluments thereto legally appertaining unto you.

As cabinet secretary, you serve at the pleasure of the Governor. This appointment must be confirmed by the Senate.

Sincerely yours,

Susana Martinez

Governor

Attest:

Dianna J. Duran

Secretary of State of New Mexico

☐ Annual Filing

State of New Mexico Secretary of State Ethics Administration 325 Don Gaspar, Suite 300 Santa Fe, New Mexico 87503

□ Fili	ng with Decla	aration of (	Candidacy			
	thin 30 days o					
1. REPORTE	G INDIVIDU	AL			<del></del>	
FULL NAME	Last name		First pame		Middle	
	BARE	A	JONATHA	(MOL) M	LEWIS	
RESIDENT ADDRESS	Address 2275	Mariano		Email	Address	
and EMAIL ADDRESS	ו טנס		ind, NE	Job	arela e co	mcest; net
	ALBUQUER	Sinte CUF	M	8712Z		Phone # 1/5/15 \ 97/-1277
MAILING ADDRESS	P.O. Box or Street Ad	MENDX	ND NE State NM			ILLY JUKE ICH
Filing Status (ple	ALBUQU ase check the an	ERQUE	NM	uested information)		21787RZ
			and jus in the requ	ucsied injormation)	•	
Candidate	for	office	:	Date a	ppointed, Assumed	Office or EElrod
Incumbent	in	office				
☑ Appointed	to	SECRET	ARY ECON		MENTI	DEPARTMENT
Public offic	er with	agency		VI VI VI VI	MI NI	DEPART MENT
Employee o	ſ	agency				
Employer Inform	ation				<del></del>	
Full name				Phone #		
SELF-ER	IPLITEN			I HUIK W		
P.O. Box or Street Addre	41		City	State	Zip	
8309 M	EHOOCIHO	NE	ABQ.		2F	•
Title or position held			1110021	Nature of business or occups	0166	
SELFER	MOYED					USIHESSMAH

2. SPOUSE				
FULL NAME	BARELA		First name	Middje
EMPLOYER	Name		REGINA	V.
	RE-MAX ELI			
	8300 CARI	MEL N State	E SUITE ?	2D1
•	Spouse's title or position held	Nm		87122
2 00777	KEALTOR			Nature of huniness or occupation
S. SOURCES O	F GROSS INCOM	E OVER	\$5,000 (actual	dollar amount not required)
	Category			Received by
INVESTMEN	T INCOME (ST	och Poei	ENLO SALCE	IDNATHAN ! REGINA BARELA
REALESTAT	E SALES (DOMNIE	SIOUS		PEANA BADE O
				REGINA BARELA
. LOBBYIST'S	CLIENTS (of spou	se or firm	n, if applicable	
1	Name		-, oppucable)	
N/A				Address
1977				
PEAL ESTAT	THE TAX TAX TO THE TAX			
Owner	E IN NEW MEXIC	O (other	than personal	residence)
Owalci	County			General description
NBARFLA	BERNALIUD	RESID	EKETAL DEVEL	APMENTALACO
N. REGINA BAD	DA BERNALILLO	VAA	UT I AND IA	OPMENTIN ALBUQUEROUE
		0,0.	1 1 1 1 1 1	ALBUDYER QUE RERNAULLO CO
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OTHER BUSI	NESS INTERESTS	IN NEW	MEXICO OF	\$10,000 OR MORE
Name of business	Position	held	By whor	
ERELINK, IX				An pose of pusiness
,		DER	JON BARE	LA TRUHNOLOGY
LINUELIMEN	IS PARTHER		JON BARE	LA REAL ESTATE DEUTCOPM
				- COTINI
	1 .			

MEMBERSHIPS ON BOARD OF FOR-PROFIT BUSINESS  Name of business	Member
V/A	Member
PROFESSIONAL LICENSES IN NEW MEXICO (if any)	
Туре	Licensee
MBARASSOCIATION	JIN BARELA
RO. METROPOLITAN BOARD OF REALTORS	REGINA BARELA
MREALECTATE COMMISSION	REGIVA BARELA
	REDIVA DAKELA
BUSINESS WITH STATE AGENCIES OVER \$5,000 (if any)	
Agency	Seller
I/A	Gener
REPRESENTATION PEROPE	
REPRESENTATION BEFORE STATE AGENCIES (other th	an a court)
Agency	Representative
/A	
ADDITIONAL INFORMATION	
hereby swear or affirm under penalty of perjury that the foregolete to the best of my knowledge.	oing information is true, correct a
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sale to the pest of my knowledge.	•
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# 2011 FINANCIAL DISCLOSURE STATEMENT

**Annual Filing** 

Filing with Declaration of Candidacy

Within 30 days of Appointment/Hire

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NAME	Last name	deva First name	NAZ)	Middle	
ENT	Address	114	W 1/C	mail Address	
ESS IAIL ESS	518 û	deva First name Har Ceguia Madr	C.		
	Santa	Fe N.M	Zip 87	50\   Phone 4	
ING ESS	P.O. Box or Street Ad	dress			
	City	State		Zip	
Status (pl	ease check the ap	propriate box and fill in the r	equested information)		
andidate	e for	office	ľ	Pate appointed, Assumed Office or	Hired
cumben	t in	office			
ppointed	l to	board or commission subject to Senate	Confirmation WEducation	\	
ıblic offi	icer with	agency N.M. Pudic	Education		(PED)
nployee	of	agency			
er Infor	mation				
	1PED		Phone #	505.827.lel	e88
300	Don Gasp	xar Sak	state V	7m 87503	,
sition held			Nature of business or o		
<del></del>					

9 <sup>1</sup>					ED	
OUSE						
NAME	Last name MA	Fì	rst name	Midd	le	
OYER	Name					
	Address					
	City	State		Zip		······································
	Spouse's title or position held		<u> </u>	Nature of business	or occupation	
URCES OF	GROSS INCOM	E-OVER \$5	.000 (actual	dollar amo	int not requi	red))
	Category				Received b	3. 5.6 在一种严重信息。如何是是是
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Talafla	., Tallahasse St. Tallaha	in to		Renter	1 P. +1	PIOPERTY
- raajio	Jr. Tuxure	UNICE, FL		Nemen	1 Rental	property
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BBYIST'S	LIENTS (of spor	ise or firm,	if applicabl	e)		
	Name				dress	
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AL ESTATI	EIN NEW MEXI	CQ (other t	han persona	d residence)	21.7	
Owner	County			General de	escription	
NA			· · · · · · · · · · · · · · · · · · ·			
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HER BUSIN	ESS INTEREST	S IN NEW 1	MEXICO O	F \$10,000 O	R MORE	
ame of business	Positio	Service and the service of the servi	By w	国的包括自己的研究 自己的多级的形式		of business
NA						
1013		· · · · · · · · · · · · · · · · · · ·				
	· · · · · · · · · · · · · · · · · · ·					

EMBERSHIPS ON BOARD OF FOL ROFIT BUSINESSES (if any)			
Name of business	Member		
NA			
OFESSIONAL LICENSES IN NEW MEXICO (if any)			
Туре	Licensee		
NA			
	· · · · · · · · · · · · · · · · · · ·		
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	te:1.13.11		
ure: <u>Vanna Xtandera</u> Da inna Skandera	te:		
(Printed name)			

### 2011 FINANCIAL DISCLOSURE STATEMENT

☐ Annual Filing

□ Fili	ing with Decla	ration of C	andidacy			
$\square$ Wi	ithin 30 days o	of Appointn	1ent/Hire			
. REPORTI	NGINDIVIDU	AL .				
ULL NAME	Last name Schn	n TT	First name		Middle Hagam	
RESIDENT ADDRESS and EMAIL ADDRESS	Address	5 Na	Harriso Pali NE	Email A	ddress	,
	Albu qui	7	NM	Zip 87/11	Phone SO	# 57933575
MAILING MDDRESS	P.O. Box or Street Ad	>				
	Albugu				Zip	37199
iling Status <i>(pl</i>	ease check the ap	propriate box	and fill in the requi	ested information)		
X Candidate	for	office Secre	fary Energy		pointed, Assumed Office of ANcitral Resi	or Hired
Incumben	t in	office				
Appointed	l to	board or commis	sion subject to Senate Conf	rmation		
Public offi	cer with	agency				
Employee	of	agency				
mployer Infor	mation					
ull name				Phone #		
.O. Box or Street Add	ress		City	State	Zip	
itle or position held	***************************************			Nature of business or occupa	tion	

2-SPOUSE						
ULLNAME	Last name	First	name	Middle		
	Fitzgibben Name		.e5q	Agne	<u>ک</u>	
MPLOYER	50/4					
	Address	7.7.2()				
	PO Box 90	State	<del></del>	Zip		
	Albuquerque Spouse's title or position held	Nan		87199 Netwood husings		
	writer			Nature of business or occupa		
SOURCES OF	GROSS INCOME C	WER \$5,0	00 (actual	dollar amount no	trequired)	
	Category			R	eceived by	
Directors				Harrison H	Co (- 127	
Consulting	11/22		<del></del>	7747774 77	-22 M 111	
	1: 11					
	aking / honord	-19		//		
Investince						
l. LOBBYIST'S (	CLIENTS (of spouse	or firm, if	applicable	)		
	Name			Address		
NONE						
			<del></del>	· · · · · · · · · · · · · · · · · · ·		
: REAL ESTATE	IN NEW MEXICO	(other tha	n persona	l residence)		
Owner	County			General description	00	
T.A. F. Fzgibben						
4.14.5 CHERRITT	Bernalillo	Con	do un u	- iun		
——————————————————————————————————————						
: OTHERBUSIN	ESS INTERESTS IN	NEW M	EXICO OI	E\$10,000 OR MC	)RE	
Name of business	Position he		By wh		Purpose of business	
		<del></del>				
					11000	

. MEMBERSHIPS ON BOARD OF FOR-PROFIT BUSINESSES (if	any)
Name of business	Member
Orbital Science Corporation	Director (H.H. Schmitt
PhDx (Albuquevque)	Director "
Edenspace Corporation Interlune-britermars Initiative Inc.	
	Director 7
PROFESSIONAL LICENSES IN NEW MEXICO (if any)	
Type	Licensee
None	
· ·	
BUSINESS WITH STATE AGENCIES OVER \$5,000 (if any)	
Agency	Seller
Mone	
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0. REPRESENTATION BEFORE STATE AGENCIES (other than a	
Agency	Representative
Mome	
1. ADDITIONAL INFORMATION	offerent Management (September 1998) and the control of the contro
I. ADDITIONAL INFORMATION	
·	
I hereby swear or affirm under populty of novings that the face is	3. F
. I hereby swear or affirm under penalty of perjury that the foregoing mplete to the best of my knowledge.	information is true, correct and
gnature: 1/2 1/1/2 Date: 1/5	-//11
Date. 1/2	

Harrison H. 5chmitt (Printed name)

#### 2011 FINANCIAL DISCLOSURE STATEMENT

☐ Annual Filing

☐ Filing with Decla	ration of Candidacy		
Within 30 days o	f Appointment/Hire	•	
REPORTING INDIVIDUA	T.		
TL NAME Last name MAY	PICHARD	Middle EUGENĒ	
DDRESS Address ( DDRESS   120   9 DDRESS 9AMTA	IERRA del ESTE FE, NM 87501	EUGENE Email Address rickmay 1201 l gmail. com	
City	State	Zip Phone # (505) 983-7608	~
AILING P.O. Box or Street Add	dress		
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Public officer with	agency		
Employee of	agency		
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>>: Name of business			Member	
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PROFESSIONAL LICENSES IN NEW MEXI	CO (if any)			
Type			Licensee	
BUSINESS WITH STATE AGENCIES OVER	\$5,000 (if any)			
Agency			Seller	
REPRESENTATION BEFORE STATE AGE	NCIES (other tha	n a court)		
Agency			Representative	
. ADDITIONAL INFORMATION				
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I hereby swear or affirm under penalty of perj nplete to the best of my knowledge.	ury that the forego	oing informatio	n is true, correct	and
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mature: Vichard E. Way	Date:	1/4/2011		
EICHARD E. MAY				
(Printed name)				

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☐ Filing with Decla	ration of Candidacy		
_	of Appointment/Hire		
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DDRESS & CAN DDRESS & CAN	ITERA CT.	Emaîl Address	
City TIJERA		Zip 87059	Phone # 505-286-7960
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Candidate for	office	Date appointed, Assur	ned Office or Hired
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SPOUSE				
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mature: Thed Wand FRED DAVIS MARTIN (Printed name)

Date: 1-10-11

□ Annual Filing			
☐ Filing with Decl:	aration of Candidacy	·	
_	of Appointment/Hire		e.
1. REPORTING INDIVIDU	AL		
FULL NAME LAST IM THE			
lor	res First name Cat	herine Midgle D	iane
ADDRESS	Savagossa Ct	Email Address	ves 219 @msn.con
Las Cruc	CES State NM	Eip 88007	Phone # 575-523-1601
	ame as above		
Cary	State		Ζιμ
Filing Starus (please check the ap	propriate box and fill in the requi	ested information)	
Candidate for	uffice	Date appointed, Assutt	ed Office or Hired
Incumbent in	office		
Appointed to	Cabinet Se	irmaxion everlary of Hea	172
Public officer with	нделсу		
Employee of	ABelity		
Employer Information			
Rio Grande Mi	edical Center	575-5	T32-8900
4351 E. Lohi	nan Snite 30	State Zip	
Tille or position held Physician	-	Physician Physician	
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2, SPOUSE		
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EMPLOYER Name WA	C1111	-31 1au
City	State	Zip
Sparuse's ratio or position held  Howehu	shind	Nature of business or occupation
3. SOURCES OF GROSS INCOME (	OVER \$5,000 (actu	ual dollar amount not required)
Category		Received by
NIA		
4. LOBBYIST'S CLIENTS (of spouse	or firm, if applies	ble)
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5. REAL ESTATE IN NEW MEXICO	(other than person	nal residence)
Owner County		General description
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6, OTHER BUSINESS INTERESTS I		
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Name of business		Member
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BUSINESS WITH STATE AGENCIES OVER S	5,000 (if any)	
Agency		Seller
None		***************************************
REPRESENTATION BEFORE STATE AGEN	CIES (other than a co	urt)
Agency		Representative
None		
ADDITIONAL INFORMATION		
I hereby swear or affirm under penalty of perjury	y that the foregoing in	formation is true, correct a
nature. Cathering he hours muf	Date:	7/2011
Catherine D. Torres mp		· ·
(Printed name)		

# FINANCIAL DISCLOSURE STATEMENT

TE: Please complete, sign and date.

State of New Mexico
Office of the Secretary of State
Ethics Administration
325 Don Gaspar, Suite 300
Santa Fe, New Mexico 87503

2008

Annual Filing Filing with Declaration of Candidacy Within 30 days of Appointment/Hire

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24 State Asia Mati	amos
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Spouse's Title or Position Held  Source of Business or C  Budget Analyst National L	
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6. OTHER BUSINESS INTERESTS IN NEW MEXICO OF \$10	0,000 OR MORE
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Name of Business	Member
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None	
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Type	Licensee
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D. REPRESENTATION BEFORE STATE AGEN	CIES (other than a court)
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1. Additional Information	
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nted Name: Edwin L. Burckle	

Annual Filing	,	
☐ Filing with Declar:	ation of Candidacy	
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Full name 11-11 MEVICO	STATE UNIVERSITY Phone# 575-6	46 4936
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P.O. Box or Street Address	C 33 N City State Zip	<del>-</del>
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Title or position held	ept. J Government College Teacher	·t
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12. I hereby swear or affirm under complete to the best of my knowled	penalty of p	erjury that t	he foregoing	informatio	n is true, cor	rect and

Date: Jan 5, 2011

Signature.

JOSE Z. GARCÍA

(Printed name)

☐ Annual Filing

State of New Mexico Secretary of State Ethics Administration 325 Don Gaspar, Suite 300 Santa Fe, New Mexico 87503

☐ Filing with Declar	ration of Candidacy			
Within 30 days of	f Appointment/Hire			•
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P.O. Box or Street Add	B IRONWOOD CT	- SE		
ALBUQUE			Zip 87116	
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Candidate for	office	Date appoin	red, Assumed Office or Hired	nburrasanan 2574 banga
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MICHAEL SCOTT DUVALL	Date: 1/5	/2011	
(Printed name)			

☐ Annual Filing

State of New Mexico Secretary of State Ethics Administration 325 Don Gaspar, Suite 300 Santa Fe, New Mexico 87503

□ Fili	ing with Deck	aration of Candidacy			
		of Appointment/Hire			
	NG INDIVIDU				
FULL NAME	Last name Squier	First name	M	iddle Ann	
RESIDENT	Address	Sidonie		Ann	
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ind EMAIL	255 Medlock L	_ane			
ADDRESS					
	City Alexandria	State Viscoinia	Zip	Phone #	
			<sup>Zip</sup> 22304	703-370-3789	
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O. Box 2348		Santa F	Fe NM 8	•	i
tle or position held			Nature of business or occupation	1307	
ecretary		<u> </u>			
			State Government	· · · · · · · · · · · · · · · · · · ·	

2. SPOUSE				
FULL NAME	Last name	First name		
	Arthur	Stephen	Mid	die C
EMPLOYER	Name Stateside Associ	ates		
	Address 2300 Clarendo	Divide Cuite 407		
	City	Blvd, Suite 407		
	Arlington	State VA	<sup>Zip</sup> 22201	
	Spouse's title or position held Vice President		Nature of busines	ss or occupation
3. SOURCES O	OF GROSS INCOME	OVED SE OOM	State Gover	nment Relations Consulting Services
- COUNTER S		2 O V ER 35,000 (2	ciual dollar amo	
	Category			Received by
Salary			Steve Arthur	
Sovemment			Sidonie Squier	
				·
LOBBYIST	S CLIENTS (of spou	se or firm, if appl	icable)	
	Name		A	ddress
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REAL ESTA	TE IN NEW MEXIC	O (other than		
Owner		O (other than pe		
	County		General d	escription
. OTHER BUS	SINESS INTERESTS	IN NEW MEXIC	CO OF \$10,000 C	OR MORE
Name of busin	ess Position		By whom	Purpose of business
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MEMBERSHIPS ON BOARD OF FOR-PROFT	T BUSINESSES (if any)
Name of business	Member
PROPERTIES A LANGE WAS A LANGE OF THE PROPERTY	
. PROFESSIONAL LICENSES IN NEW MEXICO	O (if any)
Туре	Licensee
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. BUSINESS WITH STATE AGENCIES OVER \$3	5 000 CF
	5,000 (if any)
Agency	Seller
0. REPRESENTATION BEFORE STATE AGENC	CIPS (other than 1)
Agency	
жденеу	Representative
1. ADDITIONAL INFORMATION	
. I hereby swear or affirm under penalty of perium	y that the foregoing information is true, correct and
mplete to the best of my knowledge.	mat the lovegoing information is true, correct and
$C_{i}$	
donie Squier Sidonie SQUIER	Date: 12/28/2010
donie Squier Sidonie SQUIER	
(Printed name)	

### 2011 FINANCIAL DISCLOSURE STATEMENT

☐ Annual Filing

☐ Filing with Decla	ration of Candidacy		
_	f Appointment/Hire		
. REPORTING INDIVIDUA	$oldsymbol{\Psi}_{i}$		
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ESIDENT Address DDRESS		Email Address	- H 1
nd EMAIL			
DDRESS City	State	Zip	Phone #
IAILING P.O. Box or Street Add	drees .		
DDRESS POR	OX 1628		
city Sar	HAFE State NM		<sup>zip</sup> 87501
iling Status (please check the ap	propriate box and fill in the requested in	vformation)	
Candidate for	office	Date appointed, Assumed	Office or Hired
Incumbent in	office		
Appointed to	board or commission subject to Senate Confirmation  Sec for the Dept	of Public Sa	<del>let</del> u
Public officer with	agency		
Employee of	agency	·	
mployer Information			
STATE OF NO	ew Mexico DPS	Phone # (505)	827-9131
POBOX 1628	Santa Fa	State Zip	87501
CAB, Secreta	ry Desig. Nature	OBLIC SAFET	Y

SPOUSE	
ULLNAME Last name First name	Middle /
MPLOYER Name DOOCH	TARY K.
Address 2501 Discounting	Alth Services
City All State N. D. A.	Zip OT 10
Spouse's title or position held	Nature of business gr occupation
SAHDGIS AN GOVERNMENT OF THE	Medical
. SOURCES OF GROSS INCOME OVER \$5,000 (act	
Caregory .	Received by
SAIARY	MARY Eden
SAIAKY	Gorden Eden
. LOBBYIST'S CLIENTS (of spouse or firm, if applic	
Name Name	Address
	Autress
	/ / /
REAL ESTATE IN NEW MEXICO (other than pers	onal residence)
Owner County	General description
OTHER BUSINESS INTERESTS IN NEW MEXICO	O OF \$10,000 OR MORE
	By whom Purpose of business
/ / NINTE	
/ NUIXE	

7. MEMBERSHIPS	SON BOARD OF		USINESSES (if a	any)		
	<b>A</b> 1				Member	
		= /				
<del>///</del>	<u>                                      </u>					<u>/</u>
PROFESSIONA	L LICENSES IN N Type	EW MEXICO (ii	Cany)		Licensee	
	NONE					
P. BUSINESS WIT	H STATE AGENC Agency	ES OVER \$5,00	0 (if any).		Seller /	
	NONE	,				
0. REPRESENTA	TION BEFORE ST	ATE AGENCIE	S (other than a		Representative	
		NE/				Seminer
11. ADDITIONAL	INFORMATION					
2. I hereby swear of omplete to the best of ignature:	E. Eden:	alty of perjury th	Date:	information	is true, corre	ect and

☐ Annual Filing

State of New Mexico Secretary of State Ethics Administration 325 Don Gaspar, Suite 300 Santa Fe, New Mexico 87503

☐ Filing	with Declar	ration of Candidacy		
_		f Appointment/Hire	•	
1. REPORTING				
Pa	st nume adilla	First name Demesia	Middle NM	
The Court of the C	grezz		Email Address	
ADDRESS	9 Jackson St.	, NE	DemesiaP@ao	ol.com
City	Albuquerque		<sup>Zip</sup> 87108	Phone # 505-263-6850
MALLING P.O. ADDRESS	. Box or Street Adds	Same as above		
City	у	State		Zip
Filing Status (please	check the app	aropriate box and fill in the reques	steilinformation)	
Candidate for	t t	office	Date appointed, Assun	nud Office or Hired
Incumbent in		office		
Appointed to		board or commission subject to Senare Confirm	mation	
Public officer		ngency		
Employee of		New Mexico Taxation & R	Revenue Department	
Employer Informati	ion.			
Full name New Mexico	Taxation & F	Revenue Department	Phone # 505-827-0341	<u>建設的企業的企業的企業的</u>
P.O. Box or Street Address	<del>~</del>	City	State Zip	
1100 S. Saint Franc	cis Drive	Santa F	Fe NM 87505	
Title or position held			Nature of business or occupation	
Cabinet Secretary		ŀ	Tax Compliance/MVD	

2 SPOUST	~			ANT CONTRACTOR OF THE CONTRACT			
Janiel Name	Larunne			st name SSSIC	Mid	dle NMI	
EMPLOYER.	Name Santa Fe Indian School				1 1 1		
	Address	PO Box 5340					
	City Sat	nta Fe	Sinic NM	·· - · · · · · · · · · · · · · · · · ·	21 <sub>p</sub> 87502	4,000	
	•	fitte or position held inancial Officer			Nature of busines Education	s or occupation	
3 SOURCES OF			OVERSS	000 (actual o	1	unt-not-required)	
	- July - 194	Category				Received by	
Investment Income				D	emesia Padil	la & Jessie Medina Jr.	<u> </u>
Wages				D	emesia Padil	la & Jessie Medina Jr.	
Rental Income				D	emesia Padil	la	<u> </u>
Business Income		<del></del>	<u>.</u>	D	emesia Padil	la	
45 E@BBYISTES (	1111	IS (of spouse	eorfirm,	if₌applicable	)******		100
	Name					ddjess	
N/A	<u> </u>			<u> </u>		the second secon	
						:	
5. REAL ESTAT	E IN I	NEW MEXICO	O, (other t	han persona	lresidence		,
Owner -		County	C   10/455   C		General.	description-	
Demesia Padilla	Sant	a Fe County	Undevelo	ped Land			
Demesia Padilla	McK	inley County	Commerc	cial Property			
Demesia Padilla/Jessie	Bern	alillo County	Commerc	cial Property/Inv	estment Prop	perty/Undeveloped Land	
Demesia Padilla		orro County		ped Land			
6. OTHER BUSH				200-00-00-00-00-00-00-00-00-00-00-00-00-	F	·····································	
Name of business		Position I	held	By wl	iom IVI	Purpose of business	
Padilla & Garcia, CPA	PC ·	50% Owner		Demesla Padil	la	Accounting Services	
					<u> </u>		
<i>;</i>			·				<del>.</del>

######################################	
Name of business	:Member
N/A	
8 PROFESSIONAL ELGENSESTINDEW MEXICO	(ilany)
Lype	Ligensee
Certified Public Accountant - New Mexico	Demesia Padílla
Certified Public Accountant - Nevada	Demesía Padílla
Certified Public Accountant - New Mexico	Jessie Medina, Jr.
Qualifying Broker - New Mexico (Inactive)	Jessie Medina, Jr.
9=BUSINESSAMEHSTATE AGENCIES OVER \$5	(000%(if-any)
A gen cy	Seller Seller
N/A	
10 REPRESENTATION BEFORE STATE AGENC	
Agency	Representative:
N/A	
11. ADDITIONAL INFORMATION	
Additional Real Estate:	7.52.50.00
Demesia Padilla & Jessie Medina Jr Valencia County	Investment Property/Undeveloped Land
Jessie Medina Jr Rio Arriba County	Undeveloped Land
12. I hereby swear or affirm under penalty of perjurcomplete to the best of my knowledge.	y that the foregoing information is true, correct and
Signature: Demi Cecut	Date: 1/7/11
Demesia Padilla	
(Printed name)	

☐ Annual Filing			
☐ Filing with Declar	ation of Candidacy		
☑ Within 30 days of	f Appointment/Hire		
1. REPORTING INDIVIDUA	Legacia de la compansión de la compansió		The second secon
FULL NAME Last name	First name	Middle	
DOMINGUES DOMINGUES	Z ALuin	C Email Address	
RESIDENT Address	<del></del>	Eman Address	
ADDRESS 727 T	ONJA CT.		
ADDRESS			
City LAS CRUC	ES State NM	zip 83005	Phone # (575) 526 -5897
MAILING P.O. Box or Street Add			
ADDRESS SAME	AS Above, State		Zip
Filing Status (please check the ap	propriate box and fill in the requ	ested information)	
Candidate for	nffice	Date appointed	I, Assumed Office or Hired
	office		
Incumbent in			
Appointed to	Cabinet Secretary	for the Dept. of T	rmsportation
	agency		
Public officer with			
Employee of	agency		
Employer Information			Man Land Commence of the Comme
Full name		Phone #	4-7 /D13
ALVIN C. DOMINGUE			476-442
P.O. Box or Street Address	City	State Zip	
1120 Cerrillos Ra	1. Signita F		37504-1149
Title or position held	1 1	Nature of business or occupation	
Cabinet Sec. of Trans	sportation—————		

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. SPOUSE				
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A STATE OF THE STA	Donw GUEZ	Cynthia	A.	
Production of the second second	Las Cruces	Public Schools		
	City	State	Zip	
	Las Cruces	MM	8800 1  Nature of business or occupation	
	Educational Assis	tant	· ·	
SOURCES OF C	ROSSINCOME O	VER \$5,000 (actua	dollar amount not requ	
	Category Parish	於中華 (1844年) 1845年 (1844年)	Received   Received	Py 的思想人知识
STATE of NA	( NMDOT)		Abril Doninguiz Cypthia Doninguiz	
Las CRUCES Pub	olic Schools		Cynthia Doniaguez	
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	ame		Address	
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Kind Cytha Duccoo	Chaves	SAC. VACANT 1	ract	
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OTHER RISTN	 	  NEWMEY!666	OF \$10,000 OR MORE	2 (5-4-76) (5-6-6-2-3-2-3-2-1
Name of business	Position he	basarian dinagana diperdilaria. Di	hom Pürpo	se of husiness
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7. MEMBERSHIPS ON BOAL	THE TOTAL THE SECOND STREET SECOND STREET SECOND STREET SECOND STREET SECOND STREET SECOND SE	SINESSES ILAI Markor Muliparia Markor Muliparia	Member	
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8. PROFESSIONAL LICENS	ES IN NEW MEXICO (if	Theory (1961) below come any some		o ye karafir da Guerra da Sala
	EALLY PERFECT AND		Licensee	
Professional Engineers	License		ALVA DOMINGUEZ	, रहेन्य स्थापना प्राप्ति भ व्यविष्ठी स्थापिता है कर्यक्ष
Tronsport Cionag			7-240 20111-1302	
9. BUSINESS WITH STATE	AGENCIES OVER \$5:000	(if any)		
	#Agency\Z\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	AND AND THE PARTY OF THE PARTY	Seller	
The second secon	membered on the control of the contr	F10** C.S. T*** (2.0.3. Sect. 1. No. Vo.	SPANS RALL MANIMA SINGLE ON BUILDING STATE OF THE STATE O	, e
10. REPRESENTATION BEE	* *** ********************************	other than a c		
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	學學學學學為所謂的問題的問題的	到的原则是否定用的的。 1995年,1995年(1995年)	等等。1970年,19	
		<u>·</u>		
	<u></u>		•	
12. I hereby swear or affirm un	nder penalty of perjury the	at the foregoing	information is true, co	rrect and
complete to the best of my know	vledge.			
Signature: Wt Do	<del></del>	Date:	4-2011	
ALUN DOMINGUER	$\mathcal{O}$			
(Printed name)				

$\square$ Annual Filing		
☐ Filing with Declar	ation of Candidacy	
Within 30 days or	f Appointment/Hire	
REPORTING INDIVIDUA	L ·	
TLL NAME Last name	Pirst name — Middle Middle L	tun.
d EMAIL DDRESS	Cam Fella St SE High	ercall 7736@Yahoo.
City Albuque	State Zip 87123	Phone # 505, B21.9874
AILING P.O. Box or Street Add DDRESS 2		
City Albu	State  OVOTO VI N M	S7123
ling Status (please check the ap	orbpriate box and fill in the requested information)	
Candidate for	office Date appointed, Assumed	Office or Hired
Incumbent in	office	
Appointed to	board or commission subject to Senate Confirmation Secretary Desartment & Veter	ians Spriller
Public officer with .	agency	
Employee of	аделсу	
nployer Information		
Lockhood - Mastin	Phone #  505 台口し、55  City State Zip	79
). Box or Street Address	A	
1250 Aberdeen Ave le or position held	Albuguerave NM 87110	1
Contract Simulal	ror Instructor U.S. A: Force Co	mbat Crew Training

SPOUSE	
Last name First name	Middle Lee
APLOYER Name Padaett Business	Services
Address 4113 Eubank NE	Suite Ino
City State	Zip
Spouse's title on position held	Nature of business or occupation
SOURCES OF GROSS INCOME OVER \$5,000	Book Keeping Payroll Services
Category	Received by
<b>X</b> , , , , , , , , , , , , , , , , , , ,	
Military Retirement	Col (Ket) Timothy L. Hale
Military Dixbility	Col (Ret) Timothy L. Hale
Padaett Business Services	Jenniter Hale
Lockhed Maitin	1 mothy L. Hale
LOBBYIST'S CLIENTS (of spouse or firm, if ap	
Name:	Address
100	Alat 1
TPP!	HANLI
able	Mable
REAL ESTATE IN NEW MEXICO (other than	personal residence)
Owner County	General description
	^/
	1 / O / O
OTHER BUSINESS INTERESTS IN NEW MEX	CICO OF \$10,000 OR MORE
Name of business Position held	By whom Purpose of business
Families in the residue to the transfer and in make their fine and the property of the propert	

AEMBERSHIPS ON BOARD OF FOR-PROFIT BUSINES  Name of business	Member -
None	No.
	300
ROFESSIONAL LICENSES IN NEW MEXICO (if any)	
Туре	Licensee
^/	
Mane	Non
USINESS WITH STATE AGENCIES OVER \$5,000 (if an	<b>y)</b>
Agency /k	Seller 4
1 Date	
	200
REPRESENTATION BEFORE STATE AGENCIES (other	
Agency	Representative
$\sqrt{0}$	
	W.o.
ADDITIONAL INFORMATION	
	1 / 1 / 1
	Jos Mexico, Higher Calling
Mation Inc. My business license is n	1
ie purpose of this business is to con	
procation currently holds no physical hereby swear or affirm under penalty of perjury that the t	inegging information is true correct and
plete to the best of myknowledge.	or of one intermental is true, correct and
ature: Date	e:_10 Jan 201
= HILD	
(Printed name)	
	•

☐ Annual Filing	
☐ Filing with Declar	ration of Candidacy
Within 30 days of	Appointment/Hire
REPORTING INDIVIDUA	$oldsymbol{\mathrm{L}}$
DEL NAME Last name SILVS	Eirst-name (P)MA Middle (PA)
ESIDENT Address DDRESS	Email Address
nd EMATE SILO DDRESS SILO	Long Mesa PINW
CIO (N) D	505-620-2622
DDRESS P.O. Box or Street Add	CONON MEDA PI MA
City Alb	) and MMI
iling Status (please check the app	propriate box and fill in the requested information)
	office Date appointed, Assumed Office or Hired
Candidate for	office
Incumbent in	
Appointed to	TOWN MOXING DEFANTMENT OF WORK SOLUTIONS
Public officer with	agency
Employee of	agency
Employer Information	
Full name Mexico De	partment of 1001/Sorre Solutions (SOS) 841-8405
P.O. Box or Street Address	City State Zip
Little or position held	Nature of business or occupation
(above + secre	Qtavil 1

SPOUSE A V	
ILL NAME: Last name First name	Middle
MPLOYER A Name	
Address	
City State	Zip
Spouse's title or position held	Nature of business or occupation
SOURCES OF GROSS INCOME OVER \$5,000 (ac	ctual dollar amount not required)
Category	Received by
CA\AS.\	Varilar n NM 715C
<u> </u>	THE STATE OF THE S
. LOBBYIST'S CLIENTS (of spouse or firm, if appl	icable)
Name	Address
0 1 01 04 1 18	
5. REAL ESTATE IN NEW MEXICO (other than pe	ersonal residence)
Owner County	General description
M)N	NQ
1 (1//)	
6. OTHER BUSINESS INTERESTS IN NEW MEXI	CO OF \$10,000 OR MORE
Name of business Position held	By whom Purpose of business
MANA O	
to the transfer of the transfe	

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7. MEMBERSHIPS ON BOARD OF FOR-PROFIT BUSINESSES	S (if any)
Name of business	Member
NINNO	
· · · · · · · · · · · · · · · · · · ·	
8. PROFESSIONAL LICENSES IN NEW MEXICO (if any)	
Туре	Licensee
$1/\sqrt{\alpha}$	
9. BUSINESS WITH STATE AGENCIES OVER \$5,000 (if any)	
Agency	Seller
MINNO	
10010	
·	
10. REPRESENTATION BEFORE STATE AGENCIES (other th	an a court)
Agency	Representative
1/1 0 1/1 ()	
10000	
·	
THE ADDITIONAL PRODUCTION	
11. ADDITIONAL INFORMATION	
	·
12. I hereby swear or affirm under penalty of perjury that the fore complete to the best of my knowledge.	1
	1/6/2011
Signature: Date:	1101-011
LEIMA DUSCIU	
(Printed name)	