

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

2011 FINANCIAL DISCLOSURE STATEMENT

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

I. REPORTING INDIVIDUAL			
FULL NAME	<small>Last name</small> Berumen-Deines	<small>First name</small> Yolanda	<small>Middle</small> Ann
RESIDENT ADDRESS and EMAIL ADDRESS	<small>Address</small> 1844 Tom Bolt Dr.		<small>Email Address</small> yoli_deines@att.net
	<small>City</small> El Paso	<small>State</small> Texas	<small>Zip</small> 79936
MAILING ADDRESS	<small>P.O. Box or Street Address</small> Same as above		<small>Phone #</small> (915)593-5031
	<small>City</small>	<small>State</small>	<small>Zip</small>
Filing Status (please check the appropriate box and fill in the requested information)			
<input type="checkbox"/> Candidate for	<small>office</small>	<small>Date appointed, Assumed Office or Hired</small>	
<input type="checkbox"/> Incumbent in	<small>office</small>		
<input checked="" type="checkbox"/> Appointed to	<small>board or commission subject to Senate Confirmation</small> Cabinet Secretary of CYFD		
<input type="checkbox"/> Public officer with	<small>agency</small>		
<input type="checkbox"/> Employee of	<small>agency</small>		
Employer Information			
<small>Full name</small> Walter Deines & Yolanda Deines (sole proprietorship)		<small>Phone #</small> (915)772-8210	
<small>P.O. Box or Street Address</small> 6501 Boeing Dr., Ste. F-2		<small>City</small> El Paso	<small>State</small> TX
<small>Zip</small> 79925			
<small>Title or position held</small> Licensed Clinical Social Worker/sole proprietor		<small>Nature of business or occupation</small> Psychotherapist	

2. SPOUSE

FULL NAME	<small>Last name</small> Deines	<small>First name</small> Walter	<small>Middle</small> William
EMPLOYER	<small>Name</small> Self-employed (sole proprietorship)		
	<small>Address</small> 6501 Boeing Dr., Ste. F-2		
	<small>City</small> El Paso	<small>State</small> Texas	<small>Zip</small> 79925
	<small>Spouse's title or position held</small> Licensed Clinical Social Worker/sole proprietor		<small>Nature of business or occupation</small> Psychotherapist

3. SOURCES OF GROSS INCOME OVER \$5,000 (actual dollar amount not required)

Category	Received by
Retirement from TDHS	Self & Spouse
Salary from Self-employment	Self & Spouse
Social Security	Spouse

4. LOBBYIST'S CLIENTS (of spouse or firm, if applicable)

Name	Address
None	

5. REAL ESTATE IN NEW MEXICO (other than personal residence)

Owner	County	General description
None		None

6. OTHER BUSINESS INTERESTS IN NEW MEXICO OF \$10,000 OR MORE

Name of business	Position held	By whom	Purpose of business
None			

7. MEMBERSHIPS ON BOARD OF FOR-PROFIT BUSINESSES (if any)

Name of business	Member
TVP Housing Corporation - President	Spouse
Rescue Mission of El Paso - Member	Spouse

8. PROFESSIONAL LICENSES IN NEW MEXICO (if any)

Type	Licensee
None	

9. BUSINESS WITH STATE AGENCIES OVER \$5,000 (if any)

Agency	Seller
None	

10. REPRESENTATION BEFORE STATE AGENCIES (other than a court)

Agency	Representative
None	

11. ADDITIONAL INFORMATION

2. 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: Yolanda Berumen-Deines Date: 1/4/11

YOLANDA BERUMEN-DEINES
(Printed name)

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

2011 FINANCIAL DISCLOSURE STATEMENT

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 Within 30 days of Appointment/Hire

1. REPORTING INDIVIDUAL			
FULL NAME	Last name Martinez	First name Concepcion	Middle Guadalupe
RESIDENT ADDRESS and EMAIL ADDRESS	Address 4691 Elks Road		Email Address lupe.martinez1@state.nm.us
	City Las Cruces	State NM	Zip 88007
MAILING ADDRESS	P.O. Box or Street Address same as above		
	City	State	Zip
Filing Status (please check the appropriate box and fill in the requested information)			
<input type="checkbox"/> Candidate for	office	Date appointed, Assumed Office or Hired	
<input type="checkbox"/> Incumbent in	office		
<input checked="" type="checkbox"/> Appointed to	board or commission subject to Senate Confirmation Secretary of Corrections	1/01/2011	
<input type="checkbox"/> Public officer with	agency		
<input type="checkbox"/> Employee of	agency		
Employer Information			
Full name New Mexico Department of Corrections		Phone # 505-827-8709	
P.O. Box or Street Address PO Box 27116		City Santa Fe	State Zip NM 87502-0116
Title or position held Secretary of Corrections		Nature of business or occupation Correctional Administrator	

2. SPOUSE

FULL NAME	Last name	First name	Middle
EMPLOYER	Name		
	Address		
	City	State	Zip
	Spouse's title or position held		Nature of business or occupation

3. SOURCES OF GROSS INCOME OVER \$5,000 (actual dollar amount not required)

Category	Received by
New Mexico Department of Corrections	Concepcion Martinez

4. LOBBYIST'S CLIENTS (of spouse or firm, if applicable)

Name	Address

5. REAL ESTATE IN NEW MEXICO (other than personal residence)

Owner	County	General description
Concepcion Martinez	Dona Ana	Residence

6. OTHER BUSINESS INTERESTS IN NEW MEXICO OF \$10,000 OR MORE

Name of business	Position held	By whom	Purpose of business

7. MEMBERSHIPS ON BOARD OF FOR-PROFIT BUSINESSES (if any)

Name of business	Member
National Organization of Hispanics in Criminal Justice	President
New Mexico Women in Corrections	President (in-active)

8. PROFESSIONAL LICENSES IN NEW MEXICO (if any)

Type	Licensee

9. BUSINESS WITH STATE AGENCIES OVER \$5,000 (if any)

Agency	Seller

10. REPRESENTATION BEFORE STATE AGENCIES (other than a court)

Agency	Representative

11. ADDITIONAL INFORMATION

12. 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: Concepcion Martinez

Date: 1-12-11

Concepcion Martinez
(Printed name)

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

2011 FINANCIAL DISCLOSURE STATEMENT

Annual Filing
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Within 30 days of Appointment/Hire

REPORTING INDIVIDUAL

FULL NAME	Last name GONZALES	First name VERONICA	Middle NINFA
RESIDENT ADDRESS and EMAIL ADDRESS	Address		Email Address
	1020 Salamanca Street NW		
	City Los Ranchos	State NM	Zip 87107
			Phone # 505-379-7870
MAILING ADDRESS	P.O. Box or Street Address same as above		
	City	State	Zip

Filing Status (please check the appropriate 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	Cabinet Secretary of NM Department of Cultural Affairs and Acting Secretary of Tourism, 1/03
Public officer with	agency	
Employee of	agency	

Employer Information

Full name Tides Center	Phone # 415.561.6300
P.O. Box or Street Address P.O. Box 29907	City State Zip San Francisco, CA 94129-0907
Title or position held Project Director	Nature of business or occupation Non-profit

SPOUSE

FULL NAME	Last name RYAN	First name JOHN	Middle CHRISTOPHER
EMPLOYER	Name Capitol Consultants, LLC		
	Address 1020 Salamanca NW		
	City Los Ranchos	State NM	Zip 87107
	Spouse's title or position held Owner		Nature of business or occupation Business/Federal Relations Expertise and Consul

SOURCES OF GROSS INCOME OVER \$5,000 (actual dollar amount not required)

Category	Received by
Business of Spouse	Capitol Consultants, LLC (Spouse)
Employer	Tides Center

LOBBYIST'S CLIENTS (of spouse or firm, if applicable)

Name	Address
Spouse: City of Clovis	
Spouse: Eastern NM Water Utility Authority	
Spouse: Southwestern Power Group	
Spouse: Tri-State Generation & Transmission Corp.	

REAL ESTATE IN NEW MEXICO (other than personal residence)

Owner	County	General description
Estate of Vivian Gonzales	Bernalillo	Not yet distributed by estate: Residential Home
"	McKinley	Not yet distributed by estate: Land
"	Guadalupe	Not yet distributed by estate: Land

OTHER BUSINESS INTERESTS IN NEW MEXICO OF \$10,000 OR MORE

Name of business	Position held	By whom	Purpose of business

MEMBERSHIPS ON BOARD OF FOR-PROFIT BUSINESSES (if any)

Name of business	Member

PROFESSIONAL LICENSES IN NEW MEXICO (if any)

Type	Licensee
License: Home Business License for Los Ranchos	Capitol Consultants, LLC

BUSINESS WITH STATE AGENCIES OVER \$5,000 (if any)

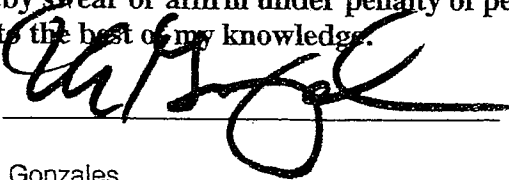
Agency	Seller

II. REPRESENTATION BEFORE STATE AGENCIES (other than a court)

Agency	Representative

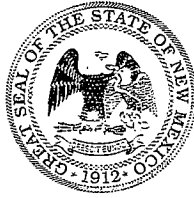
III. ADDITIONAL INFORMATION

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: January 12, 2011

Monica N. Gonzales
(Printed name)



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,

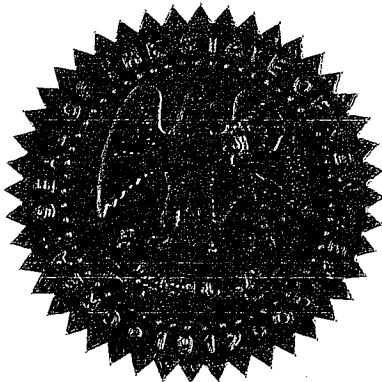
A handwritten signature in cursive script that reads "Susana Martinez".

Susana Martinez
Governor

Attest:

A handwritten signature in cursive script that reads "Dianna J. Duran".

Dianna J. Duran
Secretary of State of New Mexico



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

2011 FINANCIAL DISCLOSURE STATEMENT

- Annual Filing
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- Within 30 days of Appointment/Hire

1. REPORTING INDIVIDUAL					
FULL NAME	<small>Last name</small> BARELA	<small>First name</small> JONATHAN (JON)	<small>Middle</small> LEWIS		
RESIDENT ADDRESS and EMAIL ADDRESS	<small>Address</small> 8309 MENDOCINO, NE		<small>Email Address</small> Jonbarela@comcast.net		
	<small>City</small> ALBUQUERQUE	<small>State</small> NM	<small>Zip</small> 87122	<small>Phone #</small> (505) 821-1277	
MAILING ADDRESS	<small>P.O. Box or Street Address</small> 8309 MENDOCINO, NE				
	<small>City</small> ALBUQUERQUE	<small>State</small> NM	<small>Zip</small> 87122		
Filing Status (please check the appropriate box and fill in the requested information)					
<input type="checkbox"/> Candidate for	<small>office</small>	<small>Date appointed, Assumed Office or Elected</small>			
<input type="checkbox"/> Incumbent in	<small>office</small>				
<input checked="" type="checkbox"/> Appointed to	<small>board or commission subject to Senate Confirmation</small> SECRETARY ECONOMIC DEVELOPMENT DEPARTMENT				
<input type="checkbox"/> Public officer with	<small>agency</small>				
<input type="checkbox"/> Employee of	<small>agency</small>				
Employer Information					
<small>Full name</small> SELF-EMPLOYED			<small>Phone #</small>		
<small>P.O. Box or Street Address</small> 8309 MENDOCINO, NE		<small>City</small> ABQ.	<small>State</small> NM	<small>Zip</small> 87122	
<small>Title or position held</small> SELF-EMPLOYED		<small>Nature of business or occupation</small> INVESTOR / SMALL BUSINESSMAN			

2. SPOUSE

FULL NAME	Last name BARELA	First name REGINA	Middle J.
EMPLOYER	Name RE-MAX ELITE		
	Address 8300 CARMEL NE SUITE 201		
	City ABQ.	State NM	Zip 87122
	Spouse's title or position held REALTOR		Nature of business or occupation REALTY SALES

3. SOURCES OF GROSS INCOME OVER \$5,000 (actual dollar amount not required)

Category	Received by
INVESTMENT INCOME (STOCK PORTFOLIO SALES)	JONATHAN & REGINA BARELA
REAL ESTATE SALES COMMISSIONS	REGINA BARELA

4. LOBBYIST'S CLIENTS (of spouse or firm, if applicable)

Name	Address
N/A	

5. REAL ESTATE IN NEW MEXICO (other than personal residence)

Owner	County	General description
JON BARELA	BERNALILLO	RESIDENTIAL DEVELOPMENT IN ALBUQUERQUE
JON & REGINA BARELA	BERNALILLO	VACANT LAND IN ALBUQUERQUE, BERNALILLO COUNTY

6. OTHER BUSINESS INTERESTS IN NEW MEXICO OF \$10,000 OR MORE

Name of business	Position held	By whom	Purpose of business
CERELINK, INC	SHAREHOLDER	JON BARELA	TECHNOLOGY
W INVESTMENTS	PARTNER	JON BARELA	REAL ESTATE DEVELOPMENT

7. MEMBERSHIPS ON BOARD OF FOR-PROFIT BUSINESSES (if any)

Name of business	Member
N/A	

8. PROFESSIONAL LICENSES IN NEW MEXICO (if any)

Type	Licensee
NM BAR ASSOCIATION	JON BARELA
ABO METROPOLITAN BOARD OF REALTORS	REGINA BARELA
NM REAL ESTATE COMMISSION	REGINA BARELA

9. BUSINESS WITH STATE AGENCIES OVER \$5,000 (if any)

Agency	Seller
N/A	

10. REPRESENTATION BEFORE STATE AGENCIES (other than a court)

Agency	Representative
N/A	

11. ADDITIONAL INFORMATION

Blank lines for additional information.

12. 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: *Jonathan L. Barela*

Date: 1-1-11

JONATHAN L. BARELA
(Printed name)

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

2011

FINANCIAL DISCLOSURE STATEMENT

Annual Filing

Filing with Declaration of Candidacy

Within 30 days of Appointment/Hire

REPORTING INDIVIDUAL

NAME	Last name	First name	Middle
	Skandera	Hanna	
IDENTIFICATION	Address		Email Address
	518 Acequia Madre		
	City	State	Zip
CONTACT INFORMATION	P.O. Box or Street Address		Phone #
	Santa Fe	N.M.	87501
			(505) 575-3168
RESIDENCE	City		Zip

Status (please check the appropriate 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 for Education
Public officer with	agency	N.M. Public Education Department (PED)
Employee of	agency	"

Other Information

		Phone #
NMPED		505.827.6688
Home Street Address	City	State Zip
300 Don Gaspar	Santa Fe	NM 87503
Position held	Nature of business or occupation	

POUSE

NAME	Last name	First name	Middle
	NA		
OWNER	Name		
	Address		
	City	State	Zip
	Spouse's title or position held		Nature of business or occupation

SOURCES OF GROSS INCOME OVER \$5,000 (actual dollar amount not required)

Category	Received by
Call St., Tallahassee, FL	Renter / Rental property
Talaflo St., Tallahassee, FL	Renter / Rental property

BOBBYIST'S CLIENTS (of spouse or firm, if applicable)

Name	Address
NA	

REAL ESTATE IN NEW MEXICO (other than personal residence)

Owner	County	General description
NA		

OTHER BUSINESS INTERESTS IN NEW MEXICO OF \$10,000 OR MORE

Name of business	Position held	By whom	Purpose of business
NA			

MEMBERSHIPS ON BOARD OF FOR-PROFIT BUSINESSES (if any)

Name of business	Member
NA	

PROFESSIONAL LICENSES IN NEW MEXICO (if any)

Type	Licensee
NA	

BUSINESS WITH STATE AGENCIES OVER \$5,000 (if any)

Agency	Seller
NA	

REPRESENTATION BEFORE STATE AGENCIES (other than a court)

Agency	Representative
NA	

ADDITIONAL INFORMATION

NA

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: Wanna Skandera

Date: 1.13.11

Wanna Skandera
(Printed name)

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

2011 FINANCIAL DISCLOSURE STATEMENT

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REPORTING INDIVIDUAL			
FULL NAME	Last name <i>Schmitt</i>	First name <i>Harrison</i>	Middle <i>Hagan</i>
RESIDENT ADDRESS and EMAIL ADDRESS	Address <i>5275 No Pali NE</i>		
	City <i>Albuquerque NM</i>	State <i>NM</i>	Zip <i>87111</i>
	Phone # <i>5052933575</i>		
MAILING ADDRESS	P.O. Box or Street Address <i>Box 9030</i>		
	City <i>Albuquerque NM</i>	State <i>NM</i>	Zip <i>87199</i>
Filing Status (please check the appropriate box and fill in the requested information)			
<input checked="" type="checkbox"/> Candidate for	office <i>Secretary Energy, Minerals and Natural Resources</i>	Date appointed, Assumed Office or Hired <i>1/04/11</i>	
<input type="checkbox"/> Incumbent in	office		
<input type="checkbox"/> Appointed to	board or commission subject to Senate Confirmation		
<input type="checkbox"/> Public officer with	agency		
<input type="checkbox"/> Employee of	agency		
Employer Information			
Full name		Phone #	
P.O. Box or Street Address		City	State Zip
Title or position held		Nature of business or occupation	

2. SPOUSE			
FULL NAME	Last name	First name	Middle
	Fitzgibbon	Feresa	Agnes
EMPLOYER	Name		
	self		
	Address		
	PO Box 90730		
	City	State	Zip
	Albuquerque	NM	87199
	Spouse's title or position held		Nature of business or occupation
	writer		

3. SOURCES OF GROSS INCOME OVER \$5,000 (actual dollar amount not required)	
Category	Received by
Directorships	Harrison H. Schmitt
Consulting	"
Public Speaking/Honoraria	"
Investments	"

4. LOBBYIST'S CLIENTS (of spouse or firm, if applicable)	
Name	Address
NONE	

5. REAL ESTATE IN NEW MEXICO (other than personal residence)		
Owner	County	General description
T.A. Fitzgibbon H.H. Schmitt	Bernalillo	Condominium

6. OTHER BUSINESS INTERESTS IN NEW MEXICO OF \$10,000 OR MORE			
Name of business	Position held	By whom	Purpose of business

MEMBERSHIPS ON BOARD OF FOR-PROFIT BUSINESSES (if any)

Name of business	Member
<i>Orbital Science Corporation</i>	<i>Director (H.H. Schmitt)</i>
<i>PhDx (Albuquerque)</i>	<i>Director "</i>
<i>Edeospace Corporation</i>	<i>Director "</i>
<i>Intervalue-Intermars Initiative Inc.</i>	<i>Director "</i>

PROFESSIONAL LICENSES IN NEW MEXICO (if any)

Type	Licensee
<i>NONE</i>	

BUSINESS WITH STATE AGENCIES OVER \$5,000 (if any)

Agency	Seller
<i>NONE</i>	

0. REPRESENTATION BEFORE STATE AGENCIES (other than a court)

Agency	Representative
<i>NONE</i>	

I. ADDITIONAL INFORMATION

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: *Harrison H. Schmitt*

Date: *1/5/11*

Harrison H. Schmitt
(Printed name)

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

2011 FINANCIAL DISCLOSURE STATEMENT

- Annual Filing
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 Within 30 days of Appointment/Hire

REPORTING INDIVIDUAL			
Full Name	Last name MAY	First name RICHARD	Middle EUGENE
Resident Address	Address 1201 SIERRA del ESTE SANTA FE, NM 87501		Email Address rickmay1201@gmail.com
Resident Address	City	State	Zip
Resident Address			Phone # (505) 983-7608
Mailing Address	P.O. Box or Street Address		
Mailing Address	City	State	Zip
Filing Status (please check the appropriate box and fill in the requested information)			
<input type="checkbox"/> Candidate for	office	Date appointed, Assumed Office or Hired	
<input type="checkbox"/> Incumbent in	office		
<input checked="" type="checkbox"/> Appointed to	board or commission subject to Senate Confirmation SEC. FOR THE DEPARTMENT OF FINANCE & ADMIN.		
<input type="checkbox"/> Public officer with	agency		
<input type="checkbox"/> Employee of	agency		
Employer Information			
Name	State		Phone #
STATE OF NEW MEXICO	(505) 827-4985		
P.O. Box or Street Address	City	State	Zip
180 BATAAN MEMORIAL BLDG.	SANTA FE, NM 87501		
Title or position held	Nature of business or occupation		
SECRETARY DESIGNATE	GOVERNMENT		

SPOUSE

FULL NAME	Last name	First name	Middle
	MAY	VICKI	ARLENE
EMPLOYER	Name		
	NONE		
	Address		
	City	State	Zip
Spouse's title or position held		Nature of business or occupation	

SOURCES OF GROSS INCOME OVER \$5,000 (actual dollar amount not required)

Category	Received by
INVESTMENT INCOME	WARREN CAPITAL GROUP (FINANCIAL ADVISOR)

LOBBYIST'S CLIENTS (of spouse or firm, if applicable)

Name	Address

REAL ESTATE IN NEW MEXICO (other than personal residence)

Owner	County	General description

OTHER BUSINESS INTERESTS IN NEW MEXICO OF \$10,000 OR MORE

Name of business	Position held	By whom	Purpose of business

MEMBERSHIPS ON BOARD OF FOR-PROFIT BUSINESSES (if any)

Name of business	Member

PROFESSIONAL LICENSES IN NEW MEXICO (if any)

Type	Licensee

BUSINESS WITH STATE AGENCIES OVER \$5,000 (if any)

Agency	Seller

REPRESENTATION BEFORE STATE AGENCIES (other than a court)

Agency	Representative

ADDITIONAL INFORMATION

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: Richard E. May

Date: 1/6/2011

RICHARD E. MAY
(Printed name)

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

2011 FINANCIAL DISCLOSURE STATEMENT

- Annual Filing
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 Within 30 days of Appointment/Hire

REPORTING INDIVIDUAL			
FULL NAME	Last name MARTIN	First name FRED	Middle DAVID
RESIDENT ADDRESS and EMAIL ADDRESS	Address 8 CANTERA CT.		Email Address
	City TIJERAS	State NM	Zip 87059
MAILING ADDRESS	P.O. Box or Street Address SAME		Phone # 505-286-7960
	City	State	Zip
Filing Status (please check the appropriate box and fill in the requested information)			
<input type="checkbox"/> Candidate for	office	Date appointed, Assumed Office or Hired	
<input type="checkbox"/> Incumbent in	office		
<input checked="" type="checkbox"/> Appointed to	board or commission subject to Senate Confirmation	CABINET SECRETARY, ENVIRONMENT DEPARTMENT	
<input type="checkbox"/> Public officer with	agency		
<input type="checkbox"/> Employee of	agency		
Employer Information			
name RETIRED		Phone #	
Box or Street Address		City	State Zip
Name or position held		Nature of business or occupation	

SPOUSE

FULL NAME	Last name	First name	Middle
	MARTIN	DOROTHY	JEAN
EMPLOYER	Name		
	SELF EMPLOYED: MY FAVORITE THINGS / FUN THINGS BY DEE		
	Address		
	8 CANTERA CT		
City		State	Zip
TIJERAS		NM	87059
Spouse's title or position held		Nature of business or occupation	
SELF-EMPLOYED		RETAIL-GIFTS & ANTIQUES	

SOURCES OF GROSS INCOME OVER \$5,000 (actual dollar amount not required)

Category	Received by
NEW MEXICO EDUCATIONAL BOARD	
SOCIAL SECURITY ADM.	

LOBBYIST'S CLIENTS (of spouse or firm, if applicable)

Name	Address
NONE	

REAL ESTATE IN NEW MEXICO (other than personal residence)

Owner	County	General description
NONE		

OTHER BUSINESS INTERESTS IN NEW MEXICO OF \$10,000 OR MORE

Name of business	Position held	By whom	Purpose of business
NONE			

MEMBERSHIPS ON BOARD OF FOR-PROFIT BUSINESSES (if any)

Name of business	Member
NONE	

PROFESSIONAL LICENSES IN NEW MEXICO (if any)

Type	Licensee
NONE	

BUSINESS WITH STATE AGENCIES OVER \$5,000 (if any)

Agency	Seller
NONE	

REPRESENTATION BEFORE STATE AGENCIES (other than a court)

Agency	Representative
NONE	

ADDITIONAL INFORMATION

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: Fred David Martin

Date: 1-10-11

FRED DAVID MARTIN

(Printed name)

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

2011 FINANCIAL DISCLOSURE STATEMENT

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

I. REPORTING INDIVIDUAL			
FULL NAME	<small>Last name</small> Torres	<small>First name</small> Catherine	<small>Middle</small> Diane
RESIDENT ADDRESS and EMAIL ADDRESS	<small>Address</small> 10024 Saragossa Ct		<small>Email Address</small> ctorres219@msn.com
	<small>City</small> Las Cruces	<small>State</small> NM	<small>Zip</small> 88007
MAILING ADDRESS	<small>P.O. Box or Street Address</small> Same as above		
	<small>City</small>	<small>State</small>	<small>Zip</small>
Filing Status (please check the appropriate box and fill in the requested information)			
<input type="checkbox"/> Candidate for	<small>office</small>	<small>Date appointed, Assumed Office or Hired</small>	
<input type="checkbox"/> Incumbent in	<small>office</small>		
<input checked="" type="checkbox"/> Appointed to	<small>Board or Commission subject to Senate Confirmation</small> Cabinet Secretary of Health		
<input type="checkbox"/> Public officer with	<small>agency</small>		
<input type="checkbox"/> Employee of	<small>agency</small>		
Employer Information			
<small>Full name</small> Rio Grande Medical Center		<small>Phone #</small> 575-532-8900	
<small>P.O. Box or Street Address</small> 4351 E. Lohman Suite 301		<small>City</small> Las Cruces, NM	<small>State Zip</small> 88011
<small>Title or position held</small> Physician		<small>Nature of business or occupation</small> Physician	

2. SPOUSE

FULL NAME	Last Name	First Name	Middle
	Lopez	Ernest	Paul
EMPLOYER	Name	N/A	
	Address		
	City	State	Zip
	Spouse's title or position held	Househusband	
		Nature of business or occupation	

3. SOURCES OF GROSS INCOME OVER \$5,000 (actual dollar amount not required)

Category	Received by
N/A	

4. LOBBYIST'S CLIENTS (of spouse or firm, if applicable)

Name	Address
None	

5. REAL ESTATE IN NEW MEXICO (other than personal residence)

Owner	County	General description
Catherine Torres Gloria Torres George Torres	Bernalillo	Condominium - Rent - Town house

6. OTHER BUSINESS INTERESTS IN NEW MEXICO OF \$10,000 OR MORE

Name of business	Position held	By whom	Purpose of business
N/A			

7. MEMBERSHIPS ON BOARD OF FOR-PROFIT BUSINESSES (if any)

Name of business	Member
None	

8. PROFESSIONAL LICENSES IN NEW MEXICO (if any)

Type	Licensee
Medical	95-360
Controlled substances	CS 00017955

9. BUSINESS WITH STATE AGENCIES OVER \$5,000 (if any)

Agency	Seller
None	

10. REPRESENTATION BEFORE STATE AGENCIES (other than a court)

Agency	Representative
None	

11. ADDITIONAL INFORMATION

12. 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: Catherine D. Torres MD
Catherine D. Torres, MD
(Printed name)

Date: 1/17/2011

**FINANCIAL DISCLOSURE
STATEMENT**

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

NOTE: Please complete, sign and date.

REPORTING INDIVIDUAL			
JLL NAME	Last Name <i>Burckle</i>	First Name <i>Edwynn</i>	Middle <i>L.</i>
RESIDENT ADDRESS	Street Address or Description <i>38 Sunflower Dr.</i>		
	City <i>Santa Fe</i>	State <i>NM</i>	Zip <i>87506</i>
			Phone # <i>505-995-0028</i>
MAILING ADDRESS	P.O. Box or Street Address <i>38 Sunflower Dr.</i>		
	City <i>Santa Fe</i>	State <i>NM</i>	Zip <i>87506</i>

Filing Status (please check the appropriate box and fill in the requested information)

<input type="checkbox"/> Candidate for	office Office or Hired	Date appointed, Assumed
<input type="checkbox"/> Incumbent in	office	
<input checked="" type="checkbox"/> Appointed to	board or commission subject to Senate Confirmation <i>General Services Department</i>	<i>11/1/2011</i>
<input type="checkbox"/> Public officer with	agency	
<input type="checkbox"/> Employee of	agency	

Employer Information

Full Name <i>General Services Department</i>	Phone #
P.O. Box or Street Address <i>715 Alta Vista</i>	City <i>Santa Fe</i>
	State <i>NM</i>
Title or Position Held <i>Cabinet Secretary</i>	Nature of Business or Occupation

SPOUSE

FULL NAME	Last Name	First Name	Middle
	Burckle	Susan	J.
EMPLOYER	Name		
	38 Sunflower Drive Los Alamos National Lab		
	P.O. Box or Street Address		
	San PO Box 1663		
	City	State	Zip
	Los Alamos	NM	87545
	Spouse's Title or Position Held		Nature of Business or Occupation
	Budget Analyst		National Laboratory

4. SOURCES OF GROSS INCOME OVER \$5,000 (actual dollar amount not required)

Category	Received by
Air Force Retirement	Edwynn L. Burckle

5. LOBBYIST'S CLIENTS (of spouse or firm, if applicable)

Name	Address
N/A	

6. REAL ESTATE IN NEW MEXICO (other than personal residence)

Owner	County	General Description
None		

7. OTHER BUSINESS INTERESTS IN NEW MEXICO OF \$10,000 OR MORE

Name of Business	Position Held	By Whom	Purpose of Business
None			

MEMBERSHIPS ON BOARD OF FOR-PROFIT BUSINESSES (if any)

Name of Business	Member
None	

PROFESSIONAL LICENSES IN NEW MEXICO (if any)

Type	Licensee
None	

BUSINESS WITH STATE AGENCIES OVER \$5,000 (if any)

Agency	Seller
None	

REPRESENTATION BEFORE STATE AGENCIES (other than a court)

Agency	Representative
None	

11. Additional Information

12. 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: Edwynn L. Burckle Date: 1/6/2011

Printed Name: Edwynn L. Burckle

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

2011

FINANCIAL DISCLOSURE STATEMENT

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

REPORTING INDIVIDUAL			
FULL NAME	Last name	First name	Middle
	GARCIA	JOSE	ZEBEDEO
RESIDENT ADDRESS and EMAIL ADDRESS	Address		Email Address
	4709 FALCON DR.		
MAILING ADDRESS	P.O. Box or Street Address	City	State
	4709 FALCON DR.	Las Cruces	NM
	City	State	Zip
	Las Cruces	NM	88011
	City	State	Phone #
	Las Cruces	NM	575 6498682
Filing Status (please check the appropriate box and fill in the pertinent information)			
<input type="checkbox"/> Candidate for	office	Date appointed, Assumed Office or Hired	
<input type="checkbox"/> Incumbent in	office		
<input checked="" type="checkbox"/> Appointed to	heard or commission subject to Senate Confirmation	SECRETARY, DEPT. OF HIGHER EDUCATION	
<input type="checkbox"/> Public officer with	agency		
<input type="checkbox"/> Employee of	agency		
Employer Information			
Full name	New Mexico State University		Phone #
	Dept. of Government		575-646 4936
P.O. Box or Street Address	City	State	Zip
MSC 33N	Las Cruces	New Mexico	88003
Title or position held	Nature of business or occupation		
Assoc. Prof. Dept. of Government	College Teacher		

2. SPOUSE			
FULL NAME	Last name	First name	Middle
	GARCIA	OLIVIA	Newarez
EMPLOYER	Name		
	4709 Falcon Dr		
	Address		
	Las Cruces		
City		State	Zip
NM		88011	
Spouse's title or position held		Nature of business or occupation	
MAGISTRATE Judge		MAGISTRATE Judge	

3. SOURCES OF GROSS INCOME OVER \$5,000 (actual dollar amount not required)	
Category	Received by
SALARY for Jose at NMSU	JOSE Z. GARCIA
SALARY for Olivia	OLIVIA GARCIA
Rentals in Las Cruces - apartments	OLIVIA + JOSE Garcia
Social Security	OLIVIA Garcia

4. LOBBYIST'S CLIENTS (of spouse or firm, if applicable)	
Name	Address
NONE	

5. REAL ESTATE IN NEW MEXICO (other than personal residence)		
Owner	County	General description
JOSE + OLIVIA	Dona Ana	one rental house, 1 duplex; 1 Condo rentals
JOSE + OLIVIA	Dona Ana	K-1 partnership owns about 10 acres at border crossing
OLIVIA	LUNA	5 acres at ARCA flat, partowner
JOSE Z. Garcia	MORA	500 acres forest land, (2 acres in Mora) near Holman, New Mex.

6. OTHER BUSINESS INTERESTS IN NEW MEXICO OF \$10,000 OR MORE			
Name of business	Position held	By whom	Purpose of business

7. MEMBERSHIPS ON BOARD OF FOR-PROFIT BUSINESSES (if any)

Name of business	Member
NONE	

8. PROFESSIONAL LICENSES IN NEW MEXICO (if any)

Type	Licensee
NONE	

9. BUSINESS WITH STATE AGENCIES OVER \$5,000 (if any)

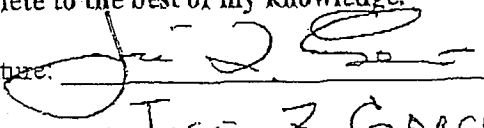
Agency	Seller
NONE	

10. REPRESENTATION BEFORE STATE AGENCIES (other than a court)

Agency	Representative
NONE	

11. ADDITIONAL INFORMATION

12. 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: 

 JOSE Z. GARCIA
 (Printed name)

Date: Jan 5, 2011

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

2011 FINANCIAL DISCLOSURE STATEMENT

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

REPORTING INDIVIDUAL

FULL NAME	Last name DUVALL	First name MICHAEL	Middle SCOTT
RESIDENT ADDRESS	Address 7808 B IRONWOOD CT SE		
EMAIL ADDRESS	Email Address MICHAEL.DUVALL@STATE.NM.US		
	City ALBUQUERQUE	State NM	Zip 87116
	P.O. Box or Street Address 7808 B IRONWOOD CT SE		Phone # 505-550-3275
FILING ADDRESS	City ALBUQUERQUE	State NM	Zip 87116

Filing Status (please check the appropriate box and fill in the requested information)

<input type="checkbox"/> Candidate for	office	Date appointed, Assumed Office or Hired
<input type="checkbox"/> Incumbent in	office	
<input checked="" type="checkbox"/> Appointed to	board or commission subject to Senate Confirmation	SECRETARY, HOMELAND SECURITY AND EMERGENCY MANAGEMENT
<input type="checkbox"/> Public officer with	agency	
<input type="checkbox"/> Employee of	agency	

Employer Information

Full name	Phone #
P.O. Box or Street Address	
City	State Zip
Job or position held RETIRED COLONEL, U.S. AIR FORCE	Nature of business or occupation

SPOUSE			
THE NAME	Last name	First name	Middle
	DUVALL	LORI	Jr
EMPLOYER	Name		
	Address		
	City	State	Zip
	Spouse's title or position held		Nature of business or occupation
		HOMEMAKER	

SOURCES OF GROSS INCOME OVER \$5,000 (actual dollar amount not required)	
Category	Received by
MILITARY RETIREMENT PAY	MICHAEL DUVALL
RENTAL HOUSE INCOME	MICHAEL AND LORI DUVALL
STATE OF NEW MEXICO PAY	MICHAEL DUVALL

LOBBYIST'S CLIENTS (of spouse or firm, if applicable)	
Name	Address
N/A	

REAL ESTATE IN NEW MEXICO (other than personal residence)		
Owner	County	General description
N/A		

OTHER BUSINESS INTERESTS IN NEW MEXICO OF \$10,000 OR MORE			
Name of business	Position held	By whom	Purpose of business
N/A			

MEMBERSHIPS ON BOARD OF FOR PROFIT BUSINESSES (if any)

Name of Business	Member
NONE	

PROFESSIONAL LICENSES IN NEW MEXICO (if any)

Type	Licensee
NONE	

BUSINESS WITH STATE AGENCIES OVER \$5,000 (if any)

Agency	Seller
NONE	

OF REPRESENTATION BEFORE STATE AGENCIES (other than a court)

Agency	Representative
NONE	

IF ADDITIONAL INFORMATION

NONE

2. 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: Michael Scott Duvall

Date: 1/5/2011

MICHAEL SCOTT DUVALL
(Printed name)

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

2011 FINANCIAL DISCLOSURE STATEMENT

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

I. REPORTING INDIVIDUAL

FULL NAME	Last name Squier	First name Sidonie	Middle Ann
RESIDENT ADDRESS and EMAIL ADDRESS	Address 255 Medlock Lane		Email Address
	City Alexandria	State Virginia	Zip 22304
			Phone # 703-370-3789
MAILING ADDRESS	P.O. Box or Street Address		
	City	State	Zip

Filing Status (please check the appropriate box and fill in the requested information)

<input type="checkbox"/> Candidate for	office	Date appointed, Assumed Office or Hired 1/1/11
<input type="checkbox"/> Incumbent in	office	
<input type="checkbox"/> Appointed to	board or commission subject to Senate Confirmation	
<input checked="" type="checkbox"/> Public officer with	agency Human Services Department	
<input type="checkbox"/> Employee of	agency	

Employer Information

Full name Human Services Department	Phone # (505) 827-7750
P.O. Box or Street Address .O. Box 2348	City Santa Fe
	State NM
	Zip 87504
Title or position held Secretary	Nature of business or occupation State Government

2. SPOUSE

FULL NAME	<small>Last name</small> Arthur	<small>First name</small> Stephen	<small>Middle</small> C
EMPLOYER	<small>Name</small> Stateside Associates		
	<small>Address</small> 2300 Clarendon Blvd, Suite 407		
	<small>City</small> Arlington	<small>State</small> VA	<small>Zip</small> 22201
	<small>Spouse's title or position held</small> Vice President	<small>Nature of business or occupation</small> State Government Relations Consulting Services	

3. SOURCES OF GROSS INCOME OVER \$5,000 (actual dollar amount not required)

Category	Received by
Salary	Steve Arthur
Government	Sidonie Squier

4. LOBBYIST'S CLIENTS (of spouse or firm, if applicable)

Name	Address

5. REAL ESTATE IN NEW MEXICO (other than personal residence)

Owner	County	General description

6. OTHER BUSINESS INTERESTS IN NEW MEXICO OF \$10,000 OR MORE

Name of business	Position held	By whom	Purpose of business

7. MEMBERSHIPS ON BOARD OF FOR-PROFIT BUSINESSES (if any)	
Name of business	Member

8. PROFESSIONAL LICENSES IN NEW MEXICO (if any)	
Type	Licensee

9. BUSINESS WITH STATE AGENCIES OVER \$5,000 (if any)	
Agency	Seller

10. REPRESENTATION BEFORE STATE AGENCIES (other than a court)	
Agency	Representative

11. ADDITIONAL INFORMATION

2. 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: Sidonie Squier

Date: 12/28/2010

Sidonie Squier Sidonie SQUIER
(Printed name)

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

2011 FINANCIAL DISCLOSURE STATEMENT

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

REPORTING INDIVIDUAL			
FULL NAME	Last name	First name	Middle
	EDEN	GORDEN (JR)	E.
RESIDENT ADDRESS and EMAIL ADDRESS	Address		Email Address
	City	State	Zip
	Phone #		
MAILING ADDRESS	P.O. Box or Street Address		
	PO BOX 1628		
	City	State	Zip
	Santa Fe	NM	87501
Filing Status (please check the appropriate box and fill in the requested information)			
<input type="checkbox"/> Candidate for	office	Date appointed, Assumed Office or Hired	
<input type="checkbox"/> Incumbent in	office		
<input checked="" type="checkbox"/> Appointed to	board or commission subject to Senate Confirmation		
	Sec for the DEPT of Public Safety		
<input type="checkbox"/> Public officer with	agency		
<input type="checkbox"/> Employee of	agency		
Employer Information			
Full name	Phone #		
STATE of New Mexico	DPS		(505)827-9131
P.O. Box or Street Address	City	State	Zip
PO Box 1628	Santa Fe	NM	87501
Title or position held	Nature of business or occupation		
CAB. Secretary Desig.	PUBLIC SAFETY		

SPOUSE

OFFICIAL NAME	Last name Eden	First name MARY	Middle K.
EMPLOYER	Name Presbyterian Health Services		
	Address 2501 Buena Vista SE		
	City Albuquerque	State NM	Zip 87106
	Spouse's title or position held		Nature of business or occupation medical

SOURCES OF GROSS INCOME OVER \$5,000 (actual dollar amount not required)

Category	Received by
SALARY	MARY Eden
SALARY	Gorden Eden

LOBBYIST'S CLIENTS (of spouse or firm, if applicable)

Name	Address
NONE /	/
/	/
/	/
/	/

REAL ESTATE IN NEW MEXICO (other than personal residence)

Owner	County	General description
NONE /	/	/
/	/	/
/	/	/
/	/	/

OTHER BUSINESS INTERESTS IN NEW MEXICO OF \$10,000 OR MORE

Name of business	Position held	By whom	Purpose of business
/	NONE /	/	/
/	/	/	/
/	/	/	/

7. MEMBERSHIPS ON BOARD OF FOR-PROFIT BUSINESSES (if any)

Name of business	Member
/ / NONE / /	/ / / /

8. PROFESSIONAL LICENSES IN NEW MEXICO (if any)

Type	Licensee
/ / NONE / /	/ / / /

9. BUSINESS WITH STATE AGENCIES OVER \$5,000 (if any)

Agency	Seller
/ / NONE / /	/ / / /

10. REPRESENTATION BEFORE STATE AGENCIES (other than a court)

Agency	Representative
/ / NONE / /	/ / / /

11. ADDITIONAL INFORMATION

2. 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: [Handwritten Signature]
Gorden E. Eden JR.
(Printed name)

Date: 01/06/2011

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

2011 FINANCIAL DISCLOSURE STATEMENT

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

I. REPORTING INDIVIDUAL			
RULE NAME	Last name Padilla	First name Demesia	Middle NMI
RESIDENT ADDRESS AND EMAIL ADDRESS	Address		Email Address
	129 Jackson St. NE		DemesiaP@aol.com
MAILING ADDRESS	City	State	Zip
	Albuquerque	NM	87108
MAILING ADDRESS	P.O. Box or Street Address		Phone #
	Same as above		505-263-6850
MAILING ADDRESS	City	State	Zip
Filing Status (please check the appropriate box and fill in the requested information)			
<input type="checkbox"/> Candidate for	office	Date appointed, Assumed Office or Hired	
<input type="checkbox"/> Incumbent in	office		
<input type="checkbox"/> Appointed to	board or commission subject to Senate Confirmation		
<input type="checkbox"/> Public officer with	agency		
<input checked="" type="checkbox"/> Employee of	agency	New Mexico Taxation & Revenue Department	
Employer Information			
Full name		Phone #	
New Mexico Taxation & Revenue Department		505-827-0341	
P.O. Box or Street Address		City	State Zip
1100 S. Saint Francis Drive		Santa Fe	NM 87505
Title or position held		Nature of business or occupation	
Cabinet Secretary		Tax Compliance/MVD	

2. SPOUSE			
PERSONAL NAME	Last name Medina Jr.	First name Jessie	Middle NMI
EMPLOYER	Name Santa Fe Indian School		
	Address PO Box 5340		
	City Santa Fe	State NM	Zip 87502
	Spouse's title or position held Chief Financial Officer		Nature of business or occupation Education

3. SOURCES OF GROSS INCOME OVER \$5,000 (actual dollar amount not required)	
Category	Received by
Investment Income	Demesia Padilla & Jessie Medina Jr.
Wages	Demesia Padilla & Jessie Medina Jr.
Rental Income	Demesia Padilla
Business Income	Demesia Padilla

4. LOBBYIST'S CLIENTS (of spouse or firm, if applicable)	
Name	Address
N/A	

5. REAL ESTATE IN NEW MEXICO (other than personal residence)		
Owner	County	General description
Demesia Padilla	Santa Fe County	Undeveloped Land
Demesia Padilla	McKinley County	Commercial Property
Demesia Padilla/Jessie	Bernalillo County	Commercial Property/Investment Property/Undeveloped Land
Demesia Padilla	Socorro County	Undeveloped Land

6. OTHER BUSINESS INTERESTS IN NEW MEXICO OF \$10,000 OR MORE			
Name of business	Position held	By whom	Purpose of business
Padilla & Garcia, CPA PC	50% Owner	Demesia Padilla	Accounting Services

7. MEMBERSHIP ON BOARD OF FOR-PROFIT BUSINESSES (if any)

Name of business	Member
N/A	

8. PROFESSIONAL LICENSES IN NEW MEXICO (if any)

Type	Licensee
Certified Public Accountant - New Mexico	Demesia Padilla
Certified Public Accountant - Nevada	Demesia Padilla
Certified Public Accountant - New Mexico	Jessie Medina, Jr.
Qualifying Broker - New Mexico (Inactive)	Jessie Medina, Jr.

9. BUSINESS WITH STATE AGENCIES OVER \$5,000 (if any)

Agency	Seller
N/A	

10. REPRESENTATION BEFORE STATE AGENCIES (other than a court)

Agency	Representative
N/A	

11. ADDITIONAL INFORMATION

Additional Real Estate:		
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 perjury that the foregoing information is true, correct and complete to the best of my knowledge.

Signature: Demesia Padilla

Date: 1/7/11

Demesia Padilla
(Printed name)

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

2011 FINANCIAL DISCLOSURE STATEMENT

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

I. REPORTING INDIVIDUAL			
FULL NAME	Last name DOMINGUEZ	First name ALVIN	Middle C.
RESIDENT ADDRESS and EMAIL ADDRESS	Address 727 TONJA CT.		Email Address
	City LAS CRUCES	State NM	Zip 88005
MAILING ADDRESS	P.O. Box or Street Address SAME AS ABOVE.		
	City	State	Zip
Filing Status (please check the appropriate box and fill in the requested information)			
<input type="checkbox"/> Candidate for	office	Date appointed, Assumed Office or Hired	
<input type="checkbox"/> Incumbent in	office		
<input checked="" type="checkbox"/> Appointed to	board or commission subject to Senate Confirmation	Cabinet Secretary for the Dept. of Transportation	
<input type="checkbox"/> Public officer with	agency		
<input type="checkbox"/> Employee of	agency		
Employer Information			
Full name ALVIN C. DOMINGUEZ		Phone # (505) 476-4442	
P.O. Box or Street Address 1120 Cerrillos Rd.		City Santa Fe	State NM
		Zip 87504-1149	
Title or position held Cabinet Sec. of Transportation		Nature of business or occupation	

2. SPOUSE

FULL NAME	Last name DOMINGUEZ	First name CYNTHIA	Middle A.
EMPLOYER	Name Las Cruces Public Schools		
	Address		
	City Las Cruces	State NM	Zip 88001
	Spouse's title or position held Educational Assistant		Nature of business or occupation

3. SOURCES OF GROSS INCOME OVER \$5,000 (actual dollar amount not required)

Category	Received by
STATE of NM (NMDOT)	Alvin Dominguez
Las Cruces Public Schools	Cynthia Dominguez

4. LOBBYIST'S CLIENTS (of spouse or firm, if applicable)

Name	Address

5. REAL ESTATE IN NEW MEXICO (other than personal residence)

Owner	County	General description
Alvin & Cynthia Dominguez	Chaves	SAC, vacant tract

6. OTHER BUSINESS INTERESTS IN NEW MEXICO OF \$10,000 OR MORE

Name of business	Position held	By whom	Purpose of business

7. MEMBERSHIPS ON BOARD OF FOR-PROFIT BUSINESSES (if any)	
Name of business	Member

8. PROFESSIONAL LICENSES IN NEW MEXICO (if any)	
Type	Licensee
Professional Engineers License	ALVA DOMINGUEZ

9. BUSINESS WITH STATE AGENCIES OVER \$5,000 (if any)	
Agency	Seller

10. REPRESENTATION BEFORE STATE AGENCIES (other than a court)	
Agency	Representative

11. ADDITIONAL INFORMATION

12. 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: Alva Dominguez
ALVA DOMINGUEZ
(Printed name)

Date: 1-14-2011

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

2011

FINANCIAL DISCLOSURE STATEMENT

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

REPORTING INDIVIDUAL

FULL NAME	Last name Hale	First name Timothy	Middle Lynn
RESIDENT ADDRESS and EMAIL ADDRESS	Address 1824 Cam Fella St SE		Email Address HigherCall7736@yahoo.com
	City Albuquerque	State NM	Phone # 505.821.9874
MAILING ADDRESS	P.O. Box or Street Address 1824 Cam Fella St SE		
	City Albuquerque	State NM	Zip 87123

Filing Status (please check the appropriate box and fill in the requested information)

<input type="checkbox"/> Candidate for	office	Date appointed, Assumed Office or Hired
<input type="checkbox"/> Incumbent in	office	
<input checked="" type="checkbox"/> Appointed to	board or commission subject to Senate Confirmation	Secretary, Department of Veterans Services
<input type="checkbox"/> Public officer with	agency	
<input type="checkbox"/> Employee of	agency	

Employer Information

Employer name Lockheed-Martin	Phone # 505.846.5579
City, State, Zip Albuquerque NM 87119	
Address 1250 Aberdeen Ave	
Role or position held Contract Simulator Instructor	Nature of business or occupation U.S. Air Force Combat Crew Training

SPOUSE

FULL NAME	Last name Timothy Hale	First name Jennifer	Middle Lee
EMPLOYER	Name Padgett Business Services		
	Address 4113 Erbank NE, Suite 100		
	City Albuquerque	State NM	Zip 87111
	Spouse's title or position held Accountant/Bookkeeper		Nature of business or occupation Bookkeeping/Payroll Services

SOURCES OF GROSS INCOME OVER \$5,000 (actual dollar amount not required)

Category	Received by
Military Retirement	Col (Ret) Timothy L. Hale
Military Disability	Col (Ret) Timothy L. Hale
Padgett Business Services	Jennifer Hale
Lockheed Martin	Timothy L. Hale

LOBBYIST'S CLIENTS (of spouse or firm, if applicable)

Name	Address
Not Applicable	

REAL ESTATE IN NEW MEXICO (other than personal residence)

Owner	County	General description
None		

OTHER BUSINESS INTERESTS IN NEW MEXICO OF \$10,000 OR MORE

Name of business	Position held	By whom	Purpose of business

MEMBERSHIPS ON BOARD OF FOR-PROFIT BUSINESSES (if any)

Name of business	Member
<i>None</i>	

PROFESSIONAL LICENSES IN NEW MEXICO (if any)

Type	Licensee
<i>None</i>	

BUSINESS WITH STATE AGENCIES OVER \$5,000 (if any)

Agency	Seller
<i>None</i>	

REPRESENTATION BEFORE STATE AGENCIES (other than a court)

Agency	Representative
<i>None</i>	

ADDITIONAL INFORMATION

I recently formed a corporation in New Mexico, Higher Calling Aviation Inc. My business license is not valid until 15 Jan 2011. The purpose of this business is to conduct flight training. The corporation currently holds no physical assets. This is a new venture.

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

nature: *Timothy L. Hale*
Timothy L. Hale
(Printed name)

Date: 10 Jan 2011

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

2011 FINANCIAL DISCLOSURE STATEMENT

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

REPORTING INDIVIDUAL					
FULL NAME	Last name	First name	Middle		
	Russey	Colina	Emily		
RESIDENT ADDRESS and EMAIL ADDRESS	Address			Email Address	
	8120 Long Mesa Pl NW				
	City	State	Zip	Phone #	
	Alb	NM	87114	505-620-2622	
MAILING ADDRESS	P.O. Box or Street Address				
	8120 Long Mesa Pl NW				
	City	State	Zip		
	Alb	NM	87114		
Filing Status (please check the appropriate box and fill in the requested information)					
<input type="checkbox"/> Candidate for	office	Date appointed, Assumed Office or Hired			
<input type="checkbox"/> Incumbent in	office				
<input checked="" type="checkbox"/> Appointed to	board or commission subject to Senate Confirmation	New Mexico Department of Workforce Solutions			
<input type="checkbox"/> Public officer with	agency				
<input type="checkbox"/> Employee of	agency				
Employer Information					
Full name			Phone #		
New Mexico Department of Workforce Solutions			(505) 841-8405		
P.O. Box or Street Address		City	State	Zip	
Title or position held			Nature of business or occupation		
Cabinet Secretary					

SPOUSE			
NH			
FULL NAME	Last name	First name	Middle
EMPLOYER	Name		
	Address		
	City	State	Zip
	Spouse's title or position held		Nature of business or occupation

SOURCES OF GROSS INCOME OVER \$5,000 (actual dollar amount not required)	
Category	Received by
Salary	Maxwell NM JSC

LOBBYIST'S CLIENTS (of spouse or firm, if applicable)	
Name	Address
None	

5. REAL ESTATE IN NEW MEXICO (other than personal residence)		
Owner	County	General description
		None

6. OTHER BUSINESS INTERESTS IN NEW MEXICO OF \$10,000 OR MORE			
Name of business	Position held	By whom	Purpose of business
None			

7. MEMBERSHIPS ON BOARD OF FOR-PROFIT BUSINESSES (if any)

Name of business	Member
None	

8. PROFESSIONAL LICENSES IN NEW MEXICO (if any)

Type	Licensee
None	

9. BUSINESS WITH STATE AGENCIES OVER \$5,000 (if any)

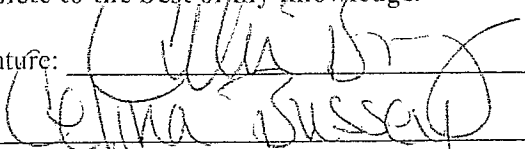
Agency	Seller
None	

10. REPRESENTATION BEFORE STATE AGENCIES (other than a court)

Agency	Representative
None	

11. ADDITIONAL INFORMATION

12. 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: 
Celina Bussay
(Printed name)

Date: 1/6/2011