

**State of New Mexico
Office of the Secretary of State
Ethics Administration**

325 Don Gaspar, Suite 300
Santa Fe, New Mexico 87503
(800) 477 - 3632 or (505) 827 - 3600

2020 LOBBYIST REPORTING FORM

Report of Expenditures & Contributions

FORM A

IDENTIFYING INFORMATION & FINANCIAL SUMMARY

| | | | |
|--|---|--|----------|
| REPORT DUE: | January 15 | within 48 hours during session | X May 6 |
| FILING AS A: | <input checked="" type="checkbox"/> Lobbyist | <input type="checkbox"/> Lobbyist Employer | |
| 1. Name of Lobbyist: Joseph Dennis Menapace | | | |
| Telephone: 505-867-5052 | | Fax: | |
| 2. Address: 4 Wide Ruin Ct, Placitas, NM 87043 | | | |
| 3. If filing as lobbyist employer, the Employer's name, Address, Telephone # | | | |
| C. | | | |
| 2. | FINANCIAL SUMMARY (Cumulative) | | |
| a. | Total Meal and Beverage expenses (incl. Form B) | \$298.77 | |
| b. | Total Other Entertainment Expenses (incl. Form B) | \$0.00 | |
| d. | Total other Expenses (Incl. Form B) | \$0.00 | |
| e. | Total Special Event Expenses (Incl. Form C) | \$0.00 | |
| f. | TOTAL EXPENDITURES (Incl. Forms B and C) | | \$298.77 |
| g. | TOTAL POLITICAL CONTRIBUTIONS (Form D) | | \$0.00 |

Report of Expenditures
FORM B
EXPENDITURES

Name of Lobbyist or Lobbyist Employer: **Joseph Dennis Menapace**

REPORT DUE: **January 15** within 48 hours during session **X May 6**

Itemize each expenditure of \$100 or more and specify the type of expenditure by entering a category number:
(a) meals & beverages; (b) other entertainment expenditures; or (c) other expenditures [2-11-6 A (1) NMSA 1978]

| Date | Name of Payee | Beneficiary | Type | Purpose for which made or incurred | Expenditure On Behalf Of | Amount |
|-----------|------------------------------|-----------------------------------|------|------------------------------------|--------------------------|----------|
| 2/7/2020 | Upper Crust Pizza | Senate Staff and Members Rm. 414 | 1 | Good Will | NM Dental Association | \$72.15 |
| 2/18/2020 | Piccolino Italian Restaurant | Senate Staff and Members, Rm. 415 | 1 | Good Will | NM Dental Association | \$226.62 |

Subtotal Form B: \$298.77

Report of Expenditures
FORM C
SPECIAL EVENTS

| Name of Lobbyist or Lobbyist Employer: Joseph Dennis Menapace | | | |
|--|-------------------------------------|---------------------------------------|-----------------------|
| REPORT DUE: | January 15 | within 48 hours during session | X May 6 |
| Date | Type of Event & Location | Group(s) Invited | Total Expenses |

Total Special Events

Report of Expenditures
FORM D
POLITICAL CONTRIBUTIONS

| Name of Lobbyist or Lobbyist Employer: Joseph Dennis Menapace | | | |
|--|---|--------------------------------|---------|
| REPORT DUE: | January 15 | within 48 hours during session | X May 6 |
| Date | Name of candidate, public official or ballot issue supported or opposed | Contribution On Behalf Of | Amount |

Total Political Contributions