

**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**

|   |   |  |         |                  |           |     |  |                        |              |  |  |   |  |  |  |         |      |       |     |                         |             |    |       |   |  |  |  |    |  |  |  |
|---|---|--|---------|------------------|-----------|-----|--|------------------------|--------------|--|--|---|--|--|--|---------|------|-------|-----|-------------------------|-------------|----|-------|---|--|--|--|----|--|--|--|
| <b>REPORT DUE:</b>  | January 15  | within 48 hours during session             | X May 6 |                  |           |     |  |                        |              |  |  |   |  |  |  |         |      |       |     |                         |             |    |       |   |  |  |  |    |  |  |  |
| <b>FILING AS A:</b>   | <input checked="" type="checkbox"/> Lobbyist      | <input type="checkbox"/> Lobbyist Employer |         |                  |           |     |  |                        |              |  |  |   |  |  |  |         |      |       |     |                         |             |    |       |   |  |  |  |    |  |  |  |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">Name of Lobbyist</td> <td style="width: 25%;">Telephone</td> <td colspan="2" style="width: 35%;">Fax</td> </tr> <tr> <td>1.a Josh Ryan Anderson</td> <td>505-266-2505</td> <td colspan="2"></td> </tr> <tr> <td colspan="4">.</td> </tr> <tr> <td>Address</td> <td>City</td> <td>State</td> <td>Zip</td> </tr> <tr> <td>b. 1202 Pennsylvania NE</td> <td>Albuquerque</td> <td>NM</td> <td>87110</td> </tr> <tr> <td colspan="4">If filing as lobbyist employer, the Employer's name      Address      Telephone #</td> </tr> <tr> <td colspan="4">C.</td> </tr> </table> |   |  |         | Name of Lobbyist | Telephone | Fax |  | 1.a Josh Ryan Anderson | 505-266-2505 |  |  | . |  |  |  | Address | City | State | Zip | b. 1202 Pennsylvania NE | Albuquerque | NM | 87110 | If filing as lobbyist employer, the Employer's name      Address      Telephone # |  |  |  | C. |  |  |  |
| Name of Lobbyist  | Telephone   | Fax  |         |                  |           |     |  |                        |              |  |  |   |  |  |  |         |      |       |     |                         |             |    |       |   |  |  |  |    |  |  |  |
| 1.a Josh Ryan Anderson  | 505-266-2505                                      |  |         |                  |           |     |  |                        |              |  |  |   |  |  |  |         |      |       |     |                         |             |    |       |   |  |  |  |    |  |  |  |
| .   |   |  |         |                  |           |     |  |                        |              |  |  |   |  |  |  |         |      |       |     |                         |             |    |       |   |  |  |  |    |  |  |  |
| Address   | City  | State                                      | Zip     |                  |           |     |  |                        |              |  |  |   |  |  |  |         |      |       |     |                         |             |    |       |   |  |  |  |    |  |  |  |
| b. 1202 Pennsylvania NE   | Albuquerque                                       | NM   | 87110   |                  |           |     |  |                        |              |  |  |   |  |  |  |         |      |       |     |                         |             |    |       |   |  |  |  |    |  |  |  |
| If filing as lobbyist employer, the Employer's name      Address      Telephone #   |   |  |         |                  |           |     |  |                        |              |  |  |   |  |  |  |         |      |       |     |                         |             |    |       |   |  |  |  |    |  |  |  |
| C.  |   |  |         |                  |           |     |  |                        |              |  |  |   |  |  |  |         |      |       |     |                         |             |    |       |   |  |  |  |    |  |  |  |
| <b>2.</b>   | <b>FINANCIAL SUMMARY (Cumulative)</b>             |  |         |                  |           |     |  |                        |              |  |  |   |  |  |  |         |      |       |     |                         |             |    |       |   |  |  |  |    |  |  |  |
| a.  | Total Meal and Beverage expenses (incl. Form B)   | \$0.00                                     |         |                  |           |     |  |                        |              |  |  |   |  |  |  |         |      |       |     |                         |             |    |       |   |  |  |  |    |  |  |  |
| 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)          |  | \$0.00  |                  |           |     |  |                        |              |  |  |   |  |  |  |         |      |       |     |                         |             |    |       |   |  |  |  |    |  |  |  |
| g.  | TOTAL POLITICAL CONTRIBUTIONS (Form D)            |  | \$25.00 |                  |           |     |  |                        |              |  |  |   |  |  |  |         |      |       |     |                         |             |    |       |   |  |  |  |    |  |  |  |

Report of Expenditures  
FORM B  
EXPENDITURES

2020

Name of Lobbyist or Lobbyist Employer: **Josh Ryan Anderson**

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 |
|------|---------------|-------------|------|------------------------------------|--------------------------|--------|
|------|---------------|-------------|------|------------------------------------|--------------------------|--------|

Subtotal Form B:

Report of Expenditures  
FORM C  
SPECIAL EVENTS

| Name of Lobbyist or Lobbyist Employer: <b>Josh Ryan Anderson</b> |                                     |                                       |                       |
|--|-------------------------------------|---------------------------------------|-----------------------|
| <b>REPORT DUE:</b>   | <b>January 15</b>                   | <b>within 48 hours during session</b> | <b>X May 6</b>        |
| <b>Date</b>  | <b>Type of Event &amp; Location</b> | <b>Group(s) Invited</b>               | <b>Total Expenses</b> |

Total Special Events

Report of Expenditures  
FORM D  
POLITICAL CONTRIBUTIONS

2020

Name of Lobbyist or Lobbyist Employer: **Josh Ryan Anderson**

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  |
|-----------|---|---------------------------|---------|
| 4/28/2020 | Joanne Ferrary  | Josh Anderson             | \$25.00 |

Total Political Contributions \$25.00