

**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

**2012 LOBBYIST REPORTING FORM**

Report of Expenditures & Contributions

**FORM A**

**IDENTIFYING INFORMATION & FINANCIAL SUMMARY**

|   |   |                                       |                |
|---|---|---------------------------------------|----------------|
| <b>REPORT DUE:</b>                                  | <b>January 15</b>                                 | <b>within 48 hours during session</b> | <b>X May 1</b> |
| <b>FILING AS A:</b>                                 | <b>X Lobbyist</b>                                 | <b>Lobbyist Employer</b>              |                |
| Name of Lobbyist                                    | Telephone   | Fax                                   |                |
| 1.a Josh Ryan Anderson                              | 505.266.2177                                      |                                       |                |
| 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                                |                |
| c.  | Total Gift 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)            |                                       | \$0.00         |

I hereby swear to affirm under penalty of law that this statement is true, correct and complete to the best of my knowledge

\_\_\_\_\_  
(Signature of Lobbyist/Lobbyist Employer)

**NOTARY INFORMATION**

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

**(SEAL)**

\_\_\_\_\_  
(Signature of Notarial Officer)

My commission expires: \_\_\_\_\_

Report of Expenditures  
FORM B  
EXPENDITURES

|  |
|--|
| 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 1</b> |
|--------------------|-------------------|---------------------------------------|----------------|

Itemize each expenditure of more than \$75 and specify the type of expenditure by entering a category number: (1) meals & beverages; (2) other entertainment expenditures; (3) gifts; or (4) other expenditures. [2-11-6C NMSA 1978]

| Date | Name of Payee | Beneficiary | Type | Purpose for which made or incurred | Amount |
|------|---------------|-------------|------|------------------------------------|--------|
|------|---------------|-------------|------|------------------------------------|--------|

Subtotal Form B:

Report of Expenditures  
FORM C  
SPECIAL EVENTS

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

REPORT DUE: **January 15** within 48 hours during session **X May 1**

| 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: <b>Josh Ryan Anderson</b> |  |                                       |                |
| <b>REPORT DUE:</b>   | <b>January 15</b>  | <b>within 48 hours during session</b> | <b>X May 1</b> |
| <b>Date</b>  | <b>Name of candidate, public official or ballot issue supported or opposed</b> | <b>Amount</b>                         |                |

Total Political Contributions

Report of Expenditures  
FORM E  
BUNDLING DISCLOSURE

**NOTE:** if you or any of your employers delivered, directly or indirectly, separate political contributions from other contributors of five hundred dollars (\$500.00) or more, in the aggregate, for an election to a candidate, campaign, committee, or anyone authorized by a candidate to receive funds on his/her behalf, the law requires disclosure of the names, addresses and occupations of the contributors.

|  |                    |
|--|--------------------|
| Name of Lobbyist or Lobbyist Employer: | Josh Ryan Anderson |
|--|--------------------|

|                |            |                                |         |
|----------------|------------|--------------------------------|---------|
| REPORT<br>DUE: | January 15 | within 48 hours during session | X May 1 |
|----------------|------------|--------------------------------|---------|