

**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

2014 LOBBYIST REPORTING FORM

Report of Expenditures & Contributions

FORM A

IDENTIFYING INFORMATION & FINANCIAL SUMMARY

REPORT DUE:	January 15	<input checked="" type="checkbox"/> within 48 hours during session	May 1																												
FILING AS A:	<input checked="" type="checkbox"/> Lobbyist	<input type="checkbox"/> Lobbyist Employer																													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Name of Lobbyist</td> <td style="width: 30%;">Telephone</td> <td colspan="2" style="width: 40%;">Fax</td> </tr> <tr> <td>1.a William F. Fulginiti</td> <td>505.982.5573</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. P.O. Box 846</td> <td>Santa Fe</td> <td>NM</td> <td>87504-0846</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 William F. Fulginiti	505.982.5573			.				Address	City	State	Zip	b. P.O. Box 846	Santa Fe	NM	87504-0846	If filing as lobbyist employer, the Employer's name Address Telephone #				c.			
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2.	FINANCIAL SUMMARY (Cumulative)																														
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)	\$500.00																													
f.	TOTAL EXPENDITURES (Incl. Forms B and C)		\$500.00																												
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)

Report of Expenditures
FORM B
EXPENDITURES

Name of Lobbyist or Lobbyist Employer: William F. Fulginiti
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REPORT DUE:	January 15	X within 48 hours during session	May 1
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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
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Subtotal Form B:

Report of Expenditures
 FORM C
 SPECIAL EVENTS

Name of Lobbyist or Lobbyist Employer: **William F. Fulginiti**

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

Date	Type of Event & Location	Group(s) Invited	Total Expenses
2/10/2014	100 Bill Party Eldorado Hotel	Legislature and staff	\$500.00

Total Special Events \$500.00

Report of Expenditures
FORM D
POLITICAL CONTRIBUTIONS

Name of Lobbyist or Lobbyist Employer: William F. Fulginiti			
REPORT DUE:	January 15	X within 48 hours during session	May 1
Date	Name of candidate, public official or ballot issue supported or opposed		Amount

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:	William F. Fulginiti
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