

**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

**2011 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 2</b>
<b>FILING AS A:</b>	<b>X Lobbyist</b>	<b>Lobbyist Employer</b>	
Name of Lobbyist	Telephone	Fax	
1.a Michael E. Bowen	505.470.5182		
Address	City	State	Zip
b. P.O. Box 15013	Santa Fe	NM	87592-5013
If filing as lobbyist employer, the Employer's name	Address	Telephone #	
C.			
<b>2. 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>Michael E. Bowen</b>
--	-------------------------

REPORT DUE:	January 15	within 48 hours during session	X May 2
-------------	------------	--------------------------------	---------

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: **Michael E. Bowen**

REPORT DUE:                      **January 15**                      **within 48 hours during session**                      **X May 2**

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>Michael E. Bowen</b>			
<b>REPORT DUE:</b>	<b>January 15</b>	<b>within 48 hours during session</b>	<b>X May 2</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:	Michael E. Bowen
--	------------------

REPORT DUE:	January 15	within 48 hours during session	X May 2
----------------	------------	--------------------------------	---------