

**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

**2015 LOBBYIST REPORTING FORM**

Report of Expenditures & Contributions

**FORM A**

**IDENTIFYING INFORMATION & FINANCIAL SUMMARY**

|   |   |                                       |          |   |           |             |     |                            |              |    |       |
|---|---|---------------------------------------|----------|---|-----------|-------------|-----|----------------------------|--------------|----|-------|
| <b>REPORT DUE:</b>  | <b>X January 15</b>                               | <b>within 48 hours during session</b> |          |   |           |             |     |                            |              |    |       |
| <b>FILING AS A:</b>   | <b>X Lobbyist</b>                                 | <b>Lobbyist Employer</b>              |          |   |           |             |     |                            |              |    |       |
| <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 Joseph Dennis Menapace</td> <td>505-867-5052</td> <td colspan="2"></td> </tr> </table>  |   |                                       |          | Name of Lobbyist                                    | Telephone | Fax         |     | 1.a Joseph Dennis Menapace | 505-867-5052 |    |       |
| Name of Lobbyist  | Telephone   | Fax                                   |          |   |           |             |     |                            |              |    |       |
| 1.a Joseph Dennis Menapace  | 505-867-5052                                      |                                       |          |   |           |             |     |                            |              |    |       |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Address</td> <td style="width: 25%;">City</td> <td style="width: 25%;">State</td> <td style="width: 25%;">Zip</td> </tr> <tr> <td>b. 4 Wide Ruin Ct</td> <td>Placitas</td> <td>NM</td> <td>87043</td> </tr> </table> |   |                                       |          | Address   | City      | State       | Zip | b. 4 Wide Ruin Ct          | Placitas     | NM | 87043 |
| Address   | City  | State                                 | Zip      |   |           |             |     |                            |              |    |       |
| b. 4 Wide Ruin Ct   | Placitas  | NM                                    | 87043    |   |           |             |     |                            |              |    |       |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">If filing as lobbyist employer, the Employer's name</td> <td style="width: 30%;">Address</td> <td colspan="2" style="width: 40%;">Telephone #</td> </tr> <tr> <td colspan="4">c.</td> </tr> </table>                 |   |                                       |          | If filing as lobbyist employer, the Employer's name | Address   | Telephone # |     | c.                         |              |    |       |
| If filing as lobbyist employer, the Employer's name   | Address   | Telephone #                           |          |   |           |             |     |                            |              |    |       |
| c.  |   |                                       |          |   |           |             |     |                            |              |    |       |
| 2.  | <b>FINANCIAL SUMMARY (Cumulative)</b>             |                                       |          |   |           |             |     |                            |              |    |       |
| a.  | Total Meal and Beverage expenses (incl. Form B)   | \$470.71                              |          |   |           |             |     |                            |              |    |       |
| 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)          |                                       | \$470.71 |   |           |             |     |                            |              |    |       |
| g.  | TOTAL POLITICAL CONTRIBUTIONS (Form D)            |                                       | \$250.00 |   |           |             |     |                            |              |    |       |

Report of Expenditures  
FORM B  
EXPENDITURES

2015

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

REPORT  January 15 within 48 hours during session  
DUE:

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   |
|------------|--------------------------------------|--|------|--------------------------------------|----------|
| 10/23/2014 | Rio Chama<br>Restaurant, Santa<br>Fe | Leg. Science,<br>Tech & Telecom<br>Cmte. | 1    | Introduction of Proposed Legislation | \$470.71 |

Subtotal Form B: \$470.71

Report of Expenditures  
FORM C  
SPECIAL EVENTS

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

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

| 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

| Date     | Name of candidate, public official or ballot issue supported or opposed | Amount   |
|----------|---|----------|
| 6/2/2014 | U.S. Representative Ben Ray Lujan                                       | \$250.00 |

Total Political Contributions \$250.00

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: | Joseph Dennis Menapace |
|--|------------------------|

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