

**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>	<input checked="" type="checkbox"/> <b>January 15</b>	<b>within 48 hours during session</b>	<b>May 1</b>
<b>FILING AS A:</b>	<input checked="" type="checkbox"/> <b>Lobbyist</b>	<b>Lobbyist Employer</b>	
Name of Lobbyist		Telephone	Fax
1.a	Max Baca	505.454.3272	
Address		City	State
b.	P.O. Box 9000	Las Vegas	NM
			Zip
			87701
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)	\$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)



Report of Expenditures  
FORM B  
EXPENDITURES

Name of Lobbyist or Lobbyist Employer: **Max Baca**

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

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: <b>Max Baca</b>			
<b>REPORT DUE:</b>	<b>X January 15</b>	<b>within 48 hours during session</b>	<b>May 1</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

Name of Lobbyist or Lobbyist Employer: <b>Max Baca</b>			
REPORT DUE:	<input checked="" type="checkbox"/> January 15	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:	<b>Max Baca</b>
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REPORT DUE:	<input checked="" type="checkbox"/> January 15	within 48 hours during session	<input type="checkbox"/> May 1
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