

**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**

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

**FILING AS A:**                      **X Lobbyist**    **Lobbyist Employer**

Name of Lobbyist	Telephone	Fax	
1.a Reese Edwards	303-352-9512		
Address	City	State	Zip
b. 1331 17th Street #1100	Denver	CO	80202
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)	\$319.11	
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)		\$319.11
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: **Reese Edwards**

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
9/1/2011	Savoy	Dr. Daniel Derksen	1	Discuss Health Care Reform	\$319.11

Subtotal Form B: \$319.11

Report of Expenditures  
FORM C  
SPECIAL EVENTS

Name of Lobbyist or Lobbyist Employer: **Reese Edwards**

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

Date	Type of Event & Location	Group(s) Invited	Total Expenses
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Total Special Events

Report of Expenditures  
FORM D  
POLITICAL CONTRIBUTIONS

Name of Lobbyist or Lobbyist Employer: **Reese Edwards**

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

Date	Name of candidate, public official or ballot issue supported or opposed	Amount
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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:	Reese Edwards
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REPORT DUE:	X January 15	within 48 hours during session
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