

**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

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2011 LOBBYIST REPORTING FORM OFFICE OF
Report of Expenditures & Contributions SECRETARY OF STATE

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 _____ Lobbyist Employer | | | |
| 1.a. | Name of Lobbyist | Telephone # | Fax # |
| b. | Address | City | State Zip |
| c. | If filing as a Lobbyist employer, the Employer's name | | Address Telephone # |
| 2. FINANCIAL SUMMARY (Cumulative) | | | |
| a. | Total Meal and Beverage Expenses (incl. Form B) | \$ 3,159.36 | |
| b. | Total Other Entertainment Expenses (incl. Form B) | \$ | |
| c. | Total Gift Expenses (incl. Form B) | \$ | |
| d. | Total Other Expenses (incl. Form B) | \$ | |
| e. | Total Special Event Expenses (Form C) | \$ | |
| f. | TOTAL EXPENDITURES (incl. Forms B and C) | 3,159.36 | \$ 3,159.36 |
| g. | TOTAL POLITICAL CONTRIBUTIONS (Form D) | | \$ |

I hereby swear or affirm under penalty of law that this statement is true, correct and complete to the best of my knowledge.

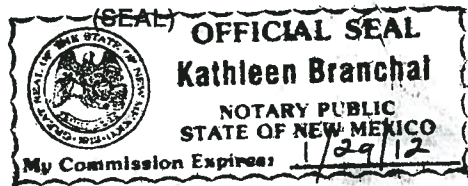
Ray M. Baca
(Signature of Lobbyist/Lobbyist Employer)

NOTARY INFORMATION

State of NM

County of Santa Fe

Subscribed and sworn to me this 1TH day of February, 20 11, by Ray M. Baca



Kathleen Branchal
(Signature of notarial officer)

My commission expires: 1/29/12

Report of Expenditures
FORM B
EXPENDITURES

Name of Lobbyist or Lobbyist Employer: Ray M. Baca, NM Building & Const. Trades Council

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 |
|---------|---------------------------------------|------|--|-------------|
| 2-16-11 | House of Rep. Labor & HR Committee | 1 | Dinner to recognize entire House; Labor & HR Committee | \$ 3,159.36 |
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Subtotal Form B \$ 3,159.36