

**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
SECRETARY OF STATE

Report of Expenditures & Contributions

FORM A

IDENTIFYING INFORMATION & FINANCIAL SUMMARY

REPORT DUE:		<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> within 48 hours during session	<input type="checkbox"/> May 1
FILING AS A:		<input type="checkbox"/> Lobbyist	<input checked="" type="checkbox"/> 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)	\$	897.50 50	
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)	\$	897.50	
f.	TOTAL EXPENDITURES (incl. Forms B and C)	\$		897.50
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.

Susan T. Loubet

(Signature of Lobbyist/Lobbyist Employer)

NOTARY INFORMATION

State of New Mexico

County of Santa Fe

Subscribed and sworn to me this 26th day of January, 20 11, by Susan Loubet

(SEAL)

Arthur L. Romero
(Signature of notarial officer)

My commission expires: January 25, 2014

Report of Expenditures
FORM C
SPECIAL EVENTS

Name of Lobbyist or Lobbyist Employer: New Mexico Women's Agenda

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

Date	Type of Event & Location	Group(s) Invited	Total Expenses
1/25	Reception honoring elected + appointed women	General public, legislators, judges, city & county officials	897.50

Total Special Events \$ 897.50

**FORM B
EXPENDITURES
(Continued)**

Date	Name of payee & beneficiary	Type	Purpose for which made or incurred	Amount

Total Form B \$ _____

Report of Expenditures
FORM C
SPECIAL EVENTS

Name of Lobbyist or Lobbyist Employer:

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

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

Total Special Events \$ _____

FORM D
POLITICAL CONTRIBUTIONS

Name of Lobbyist or Lobbyist Employer: _____

REPORT DUE: _____ January 15 _____ May 1

Date	Name of candidate, public official or ballot issue supported or opposed	Amount

Total Political Contributions \$ _____

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, a 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:
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REPORT DUE: _____ January 15	_____ May 1
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Full name of contributor

Street Address or P.O. Box; City, State & Zip

Occupation	Amount of each separate political contribution: \$
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Full name of contributor

Street Address or P.O. Box; City, State & Zip

Occupation	Amount of each separate political contribution: \$
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Full name of contributor

Street Address or P.O. Box; City, State & Zip

Occupation	Amount of each separate political contribution: \$
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Full name of contributor

Street Address or P.O. Box; City, State & Zip

Occupation	Amount of each separate political contribution: \$
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Full name of contributor

Street Address or P.O. Box; City, State & Zip

Occupation	Amount of each separate political contribution: \$
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