

**State of New Mexico
Office of the Secretary of State
Ethics Administration**

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Santa Fe, New Mexico 87503
(800) 477-3632 or (505) 827-3800

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OFFICE OF
SECRETARY OF STATE

2011 LOBBYIST REPORTING FORM

Report of Expenditures & Contributions



FORM A

IDENTIFYING INFORMATION & FINANCIAL SUMMARY

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

FILING AS A: ___ 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 #		

Fred Ocheskey 505 250-1345
4139 Coe Dr NE Albuquerque NM 87110

2. FINANCIAL SUMMARY (Cumulative)

a.	Total Meal and Beverage Expenses (incl. Form B)	\$	
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)	\$	<i>1,000.-</i>
f.	TOTAL EXPENDITURES (incl. Forms B and C)	\$	<i>1,000.-</i>
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.

Fred Ocheskey
(Signature of Lobbyist/Lobbyist Employer)

NOTARY INFORMATION

State of *New Mexico*
County of *Santa Fe*

Subscribed and sworn to me this *9th* day of *February*, 20 *11*, by *Fred Ocheskey*

(SEAL)

Patricia R. Romero
(Signature of notarial officer)

My commission expires: *January 25, 2014*

Report of Expenditures
FORM B
EXPENDITURES

Name of Lobbyist or Lobbyist Employer:

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

Subtotal Form B \$ _____

**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: Fred Ocheskey

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

Date	Type of Event & Location	Group(s) Invited	Total Expenses
2/8/11	lunch in Rotunda of Capitol hosted as Hispanic Culture Day at Legislature	All legislators & other invitees.	1,000.-

Total Special Events \$ 1,000.-

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

Full name of contributor	
Street Address or P.O. Box; City, State & Zip	
Occupation	Amount of each separate political contribution: \$

Full name of contributor	
Street Address or P.O. Box; City, State & Zip	
Occupation	Amount of each separate political contribution: \$

Full name of contributor	
Street Address or P.O. Box; City, State & Zip	
Occupation	Amount of each separate political contribution: \$

Full name of contributor	
Street Address or P.O. Box; City, State & Zip	
Occupation	Amount of each separate political contribution: \$

Full name of contributor	
Street Address or P.O. Box; City, State & Zip	
Occupation	Amount of each separate political contribution: \$