



STATE OF NEW MEXICO

OFFICE OF THE SECRETARY OF STATE

Bureau of Elections, Ethics Administration
325 Don Gaspar, Suite 300, Santa Fe, New Mexico 87501
Phone: (505) 827-3600 Toll-Free: (800) 477-3632
Fax: (505) 827-8403

Lobbyist Authorization Form

This form must be completed as provided and signed by the employer, agent or authorized representative. A separate completed Authorization Form must be submitted for each employer.

_____ is hereby authorized to lobby on behalf of:
Full Name of Lobbyist

Name of Employer (Individual, Group, Organization, Business or other Entity)

Permanent Business Address

Telephone #

1. The sources of funds to be used for lobbying include (e.g. membership dues, corporate funds, or if none, write "None").

2. The lobbyist will will not receive compensation or a salary for the purpose of lobbying (if the lobbyist will only receive reimbursement for actual expenses you may check "will not").

3. The lobbyist is authorized to lobby in reference to the following:

4. The person, other than the lobbyist or the employer, who will have custody of the account's bills, receipts, books, papers and documents required to be kept, under the provisions of the Lobbyist Regulation Act:

Custodian's Name & Street Address

Telephone #

Physical location of records

Street Address

City

State & Zip

I hereby certify under the penalty of law that all the information provided is true, complete and correct to the best of my knowledge.

Signature of Employer, Agent or Authorized Representative

Title

Date

Printed Name

Business Address

Telephone #