



HLC Accreditation Evidence Document

Title: BOR Certifications of Compliance and Financial Disclosures

Office of Origin: Board of Regents

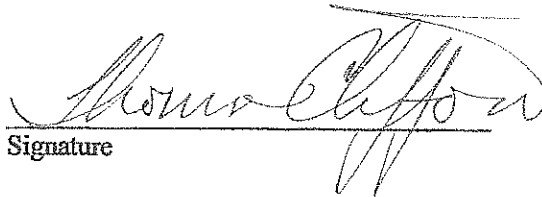
Description: These two documents relate to the ethical accountability of the regents as it is defined in the RPM section 1.8. Specifically here, we see the 2017 instances of the annual form filled by each regent certifying compliance with the code of conduct, and the 2017 financial disclosure documents for each regent as well (namely, points 4 and 5 respectively in RPM 1.8).

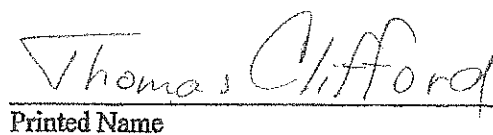
Date: 2017

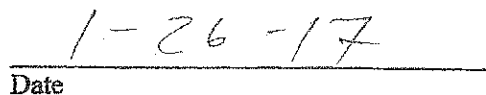
**BOARD OF REGENTS OF
THE UNIVERSITY OF NEW MEXICO**

**CERTIFICATION OF COMPLIANCE WITH
REGENT CODE OF CONDUCT
AND CONFLICTS OF INTEREST POLICY**

I hereby certify that I have read the Regent Code of Conduct and Conflicts of Interest Policy Manual 1.8, and I further certify that I am in compliance with such Policy.


Signature

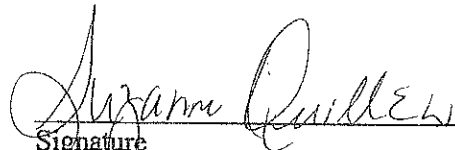

Printed Name

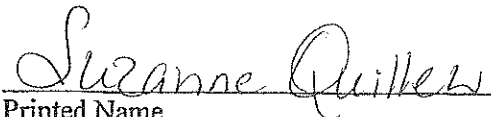

Date

BOARD OF REGENTS OF THE UNIVERSITY OF NEW MEXICO

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Signature


Printed Name

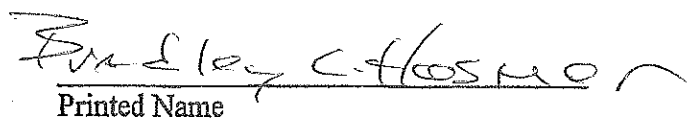
3.13.17
Date

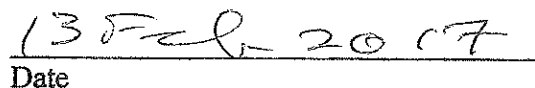
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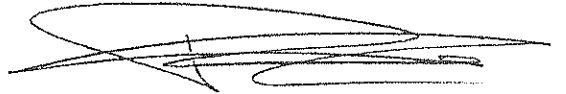

Printed Name

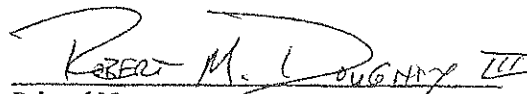

Date

BOARD OF REGENTS OF THE UNIVERSITY OF NEW MEXICO

CERTIFICATION OF COMPLIANCE WITH REGENT CODE OF CONDUCT AND CONFLICTS OF INTEREST POLICY

I hereby certify that I have read the Regent Code of Conduct and Conflicts of Interest Policy Manual 1.8, and I further certify that I am in compliance with such Policy.



Signature

Printed Name

2-10-17

Date

BOARD OF REGENTS OF THE UNIVERSITY OF NEW MEXICO

CERTIFICATION OF COMPLIANCE WITH REGENT CODE OF CONDUCT AND CONFLICTS OF INTEREST POLICY

I hereby certify that I have read the Regent Code of Conduct and Conflicts of Interest Policy Manual 1.8, and I further certify that I am in compliance with such Policy.

Jack L Fortner
Signature

Jack L Fortner
Printed Name

1-25-17
Date

BOARD OF REGENTS OF THE UNIVERSITY OF NEW MEXICO

CERTIFICATION OF COMPLIANCE WITH REGENT CODE OF CONDUCT AND CONFLICTS OF INTEREST POLICY

I hereby certify that I have read the Regent Code of Conduct and Conflicts of Interest Policy Manual 1.8, and I further certify that I am in compliance with such Policy.

Marron Lee
Signature

Marron Lee
Printed Name

02. 7. 17
Date

BOARD OF REGENTS OF THE UNIVERSITY OF NEW MEXICO

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I hereby certify that I have read the Regent Code of Conduct and Conflicts of Interest Policy Manual 1.8, and I further certify that I am in compliance with such Policy.



Signature

ALEX O. Romero

Printed Name

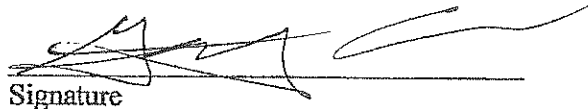
6/1/2017

Date

BOARD OF REGENTS OF THE UNIVERSITY OF NEW MEXICO

CERTIFICATION OF COMPLIANCE WITH REGENT CODE OF CONDUCT AND CONFLICTS OF INTEREST POLICY

I hereby certify that I have read the Regent Code of Conduct and Conflicts of Interest Policy Manual 1.8, and I further certify that I am in compliance with such Policy.



Signature

Garrett Adcock
Printed Name

4/7/93
Date

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

2017 Financial Disclosure Statement

☒ Annual Filing ☐ Filing with Declaration of Candidacy
☐ Within 30 days of Appointment or Employment

1. REPORTING INDIVIDUAL			
Last Name <i>Romero</i>	First Name <i>Alex</i>	Middle <i>O.</i>	
Residence Address <i>620 Paseo Del Bosque NW</i>		Email Address <i>ADRNM@aol.com</i>	
City <i>Albuquerque</i>	State <i>NM</i>	Zip <i>87114</i>	
Mailing Address (If different from above) —			
City —	State —	Zip —	

FILING STATUS <i>Please check the appropriate box and fill in the requested information</i>		Date assumed office, employed, or appointed
<input type="checkbox"/> CANDIDATE FOR	Office:	
<input type="checkbox"/> INCUMBENT IN	Office:	
<input checked="" type="checkbox"/> APPOINTED TO	Board or Commission subject to Senate Confirmation:	<i>5/23/2017</i>
<input type="checkbox"/> PUBLIC OFFICER WITH	Agency Name:	
<input type="checkbox"/> EMPLOYEE OF	Agency Name:	

REPORTING INDIVIDUAL'S EMPLOYER INFORMATION			
Employer's Full Name <i>RETIRED</i>		Employer's Phone Number	
P.O. Box or Street Address of Employer		City	State
Title or Position held by reporting individual		Nature of business or occupation	

2. SPOUSE OF REPORTING INDIVIDUAL		
Last Name	First Name	Middle
N/A		
Name of Spouse's Employer		
Address of Spouse's Employer		
City	State	Zip
Spouse's title or position held		Nature of business or occupation

3. All sources of gross income of more than \$5,000 during the prior calendar year. *For the list of all sources, see page 4.
 (If you receive income of more than \$5,000 from any source(s) you must report each source, or sources, of that income. However you do not have to list the amount received.)

Salary, wages, pension, investments, etc... (*see pg. 4)	Received by (list the name of the reporting individual or spouse)
ABQ Hispanic Chamber of Comm	Alex O. Romero

4. If reporting individual or spouse is involved in a law practice, consulting operation or similar business:

Describe the major areas of specialization or sources of income.	Income received by (list the name of the reporting individual or spouse)
N/A	

5. If the spouse or a person in the reporting person's or spouse's law firm, consulting operation or similar business is or was a registered lobbyist in the previous two years, disclose all clients represented:

Client name & address	Represented by (list the name of the reporting individual's firm or spouse's firm)
N/A	

6. Real estate owned in New Mexico: (other than personal residence)

Owner	County	General description
Alex O. Romero Living Trust	Taos	Home, plus other property
" "	SAN JUAN	LAND

7. Other business interests in New Mexico of \$10,000 or more:

Name of business	Position held	By whom (list name of reporting individual or spouse)	Purpose of business
N/A			

8. Memberships held by reporting individual (or his/her spouse) on boards of for-profit businesses in New Mexico:	
Name of business	Board member (list the name of the reporting individual or spouse)
NONE	
9. Professional licenses held in New Mexico: (by reporting individual or by spouse)	
Type of license	Person holding license (list the name of the reporting individual or spouse)
NONE	
10. State agencies to which you or your spouse provided goods or services in excess of \$5,000 during the prior calendar year:	
Agency to which services or goods were provided	Person providing goods or services (list the name of the reporting individual or spouse)
N/A	
11. List each state agency before which you or your spouse represented or assisted a client during the past year: (do not include courts)	
Agency (other than a court)	Person assisting client (list the name of the reporting individual or spouse)
N/A	
12. Provide whatever other financial interest or additional information you believe should be noted to describe potential areas of interest that should be disclosed, or (as applicable) you believe or have reason to believe, may be affected by your official acts:	
NONE	

*Income sources include law practice or consulting operation or similar businesses, finance and banking, farming and ranching, medicine and health care, insurance (as a business and not as a payment on an insurance claim), oil and gas, transportation, utilities, general stock market holdings, bonds, government, education, manufacturing, real estate, consumer goods sales with a general description of the consumer goods and all "other" sources including a description of the sources.

I hereby swear or affirm under penalty of perjury that the foregoing information is true, correct and complete to the best of my knowledge.

Signature:  Date: 6/1/17

Printed Name: ALEX O. ROMERO



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

2017 Financial Disclosure Statement

(§10-16A-1 to 10-16A-8, NMSA 1978)

Definition of "Financial Interest"

The term "financial interest" is defined as "interest held by an individual or his/her spouse that is (1) an ownership interest in business; or (2) any employment or prospective employment for which negotiations have already begun."

The table below summarizes who is required to disclose a financial interest and the applicable filing dates. An annual statement of written disclosure that is due in January is timely if received by the filing officer on any regular working day in January. An example of answers to each portion of the FDS is found on the Secretary of State's website at www.sos.state.nm.us. This form is also available on the website.

Who Must Disclose	Filing Dates
Candidates for legislative and statewide offices.	At the time a declaration of candidacy or nominating petition is filed.
Incumbents in legislative and statewide offices.	During the month of January.
A state agency head or official whose appointment to a board or commission is subject to senate confirmation.	Within 30 days of appointment and during the month of January every year thereafter.
State employees and public officials with financial interests that may be affected by their employment or service, but who are otherwise not required to file.	Prior to entering employment or assuming office and during the month of January every year thereafter.
State employees in the executive branch who, by Executive Directive, are required to file.	Upon taking office and during the month of January every year thereafter (or as otherwise directed by Executive Directive).

Single County – Legislators and Candidates

An incumbent in or candidate for legislative office, whose district lies entirely within one county or is composed of only one county, shall file the Financial Disclosure Statement with the county clerk in his or her county of residence.

Multi-County and Statewide Officials

All other reporting persons are required to file the Financial Disclosure Statement or other written disclosure with the Office of the Secretary of State.

Filing Officer

A Financial Disclosure Statement, or other written disclosure, must be filed (received by the proper filing officer) by the statutorily defined filing date to avoid the imposition of sanctions and penalties.

2. SPOUSE OF REPORTING INDIVIDUAL		
Last Name	First Name	Middle
Name of Spouse's Employer		
Address of Spouse's Employer		
City	State	Zip
Spouse's title or position held		Nature of business or occupation

3. All sources of gross income of more than \$5,000 during the prior calendar year. *For the list of all sources, see page 4.
(If you receive income of more than \$5,000 from any source(s) you must report each source, or sources, of that income. However you do not have to list the amount received.)

Salary, wages, pension, investments, etc... (*see pg. 4)	Received by (list the name of the reporting individual or spouse)

4. If reporting individual or spouse is involved in a law practice, consulting operation or similar business:

Describe the major areas of specialization or sources of income.	Income received by (list the name of the reporting individual or spouse)
<i>Criminal Defense</i>	<i>Garrett Adcock</i>

5. If the spouse or a person in the reporting person's or spouse's law firm, consulting operation or similar business is or was a registered lobbyist in the previous two years, disclose all clients represented:

Client name & address	Represented by (list the name of the reporting individual's firm or spouse's firm)

6. Real estate owned in New Mexico: (other than personal residence)

Owner	County	General description

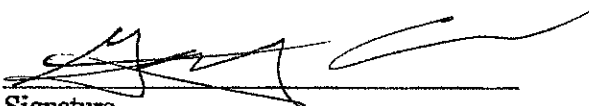
7. Other business interests in New Mexico of \$10,000 or more:

Name of business	Position held	By whom (list name of reporting individual or spouse)	Purpose of business

BOARD OF REGENTS OF THE UNIVERSITY OF NEW MEXICO

CERTIFICATION OF COMPLIANCE WITH REGENT CODE OF CONDUCT AND CONFLICTS OF INTEREST POLICY

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Signature

Garnett Adcock
Printed Name

4/7/93
Date

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
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(505) 827-8403

2017 Financial Disclosure Statement

☒ Annual Filing ☐ Filing with Declaration of Candidacy
☐ Within 30 days of Appointment or Employment

1. REPORTING INDIVIDUAL			
Last Name <i>Quillen</i>	First Name <i>Suzanne</i>	Middle —	
Residence Address <i>5020 Creosote Run Rd</i>		Email Address <i>SuzQuillen@aol.com</i>	
City <i>Las Cruces</i>	State <i>NM</i>	Zip <i>88011</i>	
Mailing Address (If different from above) <i>SAME</i>			
City	State	Zip	

FILING STATUS <i>Please check the appropriate box and fill in the requested information</i>		Date assumed office, employed, or appointed
<input type="checkbox"/> CANDIDATE FOR	Office:	
<input type="checkbox"/> INCUMBENT IN	Office:	
<input checked="" type="checkbox"/> APPOINTED TO	Board or Commission subject to Senate Confirmation: <i>Univ. Board of Regents</i>	<i>2013</i>
<input type="checkbox"/> PUBLIC OFFICER WITH	Agency Name:	
<input type="checkbox"/> EMPLOYEE OF	Agency Name:	

REPORTING INDIVIDUAL'S EMPLOYER INFORMATION			
Employer's Full Name <i>Ernst Health</i>	Employer's Phone Number <i>575.521-6600</i>		
P.O. Box or Street Address of Employer <i>4401 E. Johnson Ave</i>	City <i>Las Cruces</i>	State <i>NM</i>	Zip <i>88011</i>
Title or Position held by reporting individual <i>VP Health Care Innovation</i>	Nature of business or occupation <i>Hospital Admin</i>		

2. SPOUSE OF REPORTING INDIVIDUAL		
Last Name <i>Sweetser</i>	First Name <i>Edward</i>	Middle <i>POWE</i>
Name of Spouse's Employer <i>MountainView Regional med. Ctr.</i>		
Address of Spouse's Employer <i>4351 E. Johnson Ave</i>		
City <i>Las Cruces</i>	State <i>NM</i>	Zip <i>88011</i>
Spouse's title or position held <i>MD Orthopedic Surgeon</i>		Nature of business or occupation <i>Health Care</i>

3. All sources of gross income of more than \$5,000 during the prior calendar year. *For the list of all sources, see page 4.
(If you receive income of more than \$5,000 from any source(s) you must report each source, or sources, of that income. However you do not have to list the amount received.)

Salary, wages, pension, investments, etc... (*see pg. 4)	Received by (list the name of the reporting individual or spouse)
<i>Salary</i>	<i>Exact Health</i>
<i>Quaker Sweetser Family Tr.</i>	<i>WEL Fargo</i>
<i>Spouse Salary</i>	

4. If reporting individual or spouse is involved in a law practice, consulting operation or similar business:

Describe the major areas of specialization or sources of income.	Income received by (list the name of the reporting individual or spouse)

5. If the spouse or a person in the reporting person's or spouse's law firm, consulting operation or similar business is or was a registered lobbyist in the previous two years, disclose all clients represented:

Client name & address	Represented by (list the name of the reporting individual's firm or spouse's firm)

6. Real estate owned in New Mexico: (other than personal residence)

Owner	County	General description
<i>James As above</i>	<i>Dona Ana</i>	<i>Private Residence</i>
<i>James & wife</i>	<i>Santa Fe</i>	<i>Condominium</i>

7. Other business interests in New Mexico of \$10,000 or more:

Name of business	Position held	By whom (list name of reporting individual or spouse)	Purpose of business
<i>MountainView Ambulatory Surgery Center</i>	<i>Partnership</i>	<i>Spouse</i>	<i>Surgery Center</i>

8. Memberships held by reporting individual (or his/her spouse) on boards of for-profit businesses in New Mexico:	
Name of business	Board member (list the name of the reporting individual or spouse)
Admirey Care Hospital of Southern N.M. Board of managers	Suzanne Quillen
9. Professional licenses held in New Mexico: (by reporting individual or by spouse)	
Type of license	Person holding license (list the name of the reporting individual or spouse)
Registered Nurse Certified Nurse Practitioner	
10. State agencies to which you or your spouse provided goods or services in excess of \$5,000 during the prior calendar year:	
Agency to which services or goods were provided	Person providing goods or services (list the name of the reporting individual or spouse)
11. List each state agency before which you or your spouse represented or assisted a client during the past year: (do not include courts)	
Agency (other than a court)	Person assisting client (list the name of the reporting individual or spouse)
12. Provide whatever other financial interest or additional information you believe should be noted to describe potential areas of interest that should be disclosed, or (as applicable) you believe or have reason to believe, may be affected by your official acts:	

*Income sources include law practice or consulting operation or similar businesses, finance and banking, farming and ranching, medicine and health care, insurance (as a business and not as a payment on an insurance claim), oil and gas, transportation, utilities, general stock market holdings, bonds, government, education, manufacturing, real estate, consumer goods sales with a general description of the consumer goods and all "other" sources including a description of the sources.

I hereby swear or affirm under penalty of perjury that the foregoing information is true, correct and complete to the best of my knowledge.

Signature: Suzanne Quillen Date: 3-8-2017

Printed Name: Suzanne Quillen

**STATE OF NEW MEXICO
OFFICE OF THE SECRETARY OF STATE**

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325 Don Gaspar, Suite 300, Santa Fe, New Mexico 87501
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(505) 827-8403

2017 Financial Disclosure Statement

☒ Annual Filing ☐ Filing with Declaration of Candidacy
☐ Within 30 days of Appointment or Employment

1. REPORTING INDIVIDUAL		
Last Name <u>Hasmer</u>	First Name <u>Bradley</u>	Middle <u>C.</u>
Residence Address <u>139 Vista del Cielo</u>		Email Address <u>zibrahos@earthlink.net</u>
City <u>Cedar Crest</u>	State <u>NM</u>	Zip <u>87008-1128</u>
Mailing Address (If different from above) <u>P.O. Box 1128</u>		
City <u>Cedar Crest</u>	State <u>NM</u>	Zip <u>87008-1128</u>

FILING STATUS <i>Please check the appropriate box and fill in the requested information</i>		Date assumed office, employed, or appointed
<input type="checkbox"/> CANDIDATE FOR	Office:	
<input checked="" type="checkbox"/> INCUMBENT IN	Office: <u>Regent, UNM</u>	<u>March, 2011</u>
<input type="checkbox"/> APPOINTED TO	Board or Commission subject to Senate Confirmation:	
<input type="checkbox"/> PUBLIC OFFICER WITH	Agency Name:	
<input type="checkbox"/> EMPLOYEE OF	Agency Name:	

REPORTING INDIVIDUAL'S EMPLOYER INFORMATION			
Employer's Full Name <u>retired</u>		Employer's Phone Number	
P.O. Box or Street Address of Employer	City	State	Zip
Title or Position held by reporting individual	Nature of business or occupation		

2. SPOUSE OF REPORTING INDIVIDUAL		
Last Name Hosmer	First Name Zita	Middle V.
Name of Spouse's Employer self		
Address of Spouse's Employer P.O. Box 1128		
City Cedar Crest	State NM	Zip 87008-1128
Spouse's title or position held		Nature of business or occupation

3. All sources of gross income of more than \$5,000 during the prior calendar year. *For the list of all sources, see page 4.
(If you receive income of more than \$5,000 from any source(s) you must report each source, or sources, of that income. However you do not have to list the amount received.)

Salary, wages, pension, investments, etc... (*see pg. 4)	Received by (list the name of the reporting individual or spouse)
U.S. Department of Defense pension	Bradley C. Hosmer
U.S. Social Security	Bradley C. Hosmer
U.S. Social Security	Zita V. Hosmer
Armed Forces Services Corporation	Bradley C. Hosmer
Veterans' Administration	Bradley C. Hosmer

4. If reporting individual or spouse is involved in a law practice, consulting operation or similar business:

Describe the major areas of specialization or sources of income.	Income received by (list the name of the reporting individual or spouse)

5. If the spouse or a person in the reporting person's or spouse's law firm, consulting operation or similar business is or was a registered lobbyist in the previous two years, disclose all clients represented:

Client name & address	Represented by (list the name of the reporting individual's firm or spouse's firm)

6. Real estate owned in New Mexico: (other than personal residence)

Owner	County	General description
B.C. and Z.V. Hosmer	Torrance	raw land (2 unimproved house lots)

7. Other business interests in New Mexico of \$10,000 or more:

Name of business	Position held	By whom (list name of reporting individual or spouse)	Purpose of business
none			

8. Memberships held by reporting individual (or his/her spouse) on boards of for-profit businesses in New Mexico:	
Name of business	Board member (list the name of the reporting individual or spouse)
none	
9. Professional licenses held in New Mexico: (by reporting individual or by spouse)	
Type of license	Person holding license (list the name of the reporting individual or spouse)
none	
10. State agencies to which you or your spouse provided goods or services in excess of \$5,000 during the prior calendar year:	
Agency to which services or goods were provided	Person providing goods or services (list the name of the reporting individual or spouse)
none	
11. List each state agency before which you or your spouse represented or assisted a client during the past year: (do not include courts)	
Agency (other than a court)	Person assisting client (list the name of the reporting individual or spouse)
none	
12. Provide whatever other financial interest or additional information you believe should be noted to describe potential areas of interest that should be disclosed, or (as applicable) you believe or have reason to believe, may be affected by your official acts:	
none	

*Income sources include law practice or consulting operation or similar businesses, finance and banking, farming and ranching, medicine and health care, insurance (as a business and not as a payment on an insurance claim), oil and gas, transportation, utilities, general stock market holdings, bonds, government, education, manufacturing, real estate, consumer goods sales with a general description of the consumer goods and all "other" sources including a description of the sources.

I hereby swear or affirm under penalty of perjury that the foregoing information is true, correct and complete to the best of my knowledge.

Signature: Bradley C. Hosmer Date: 2/13/17

Printed Name: Bradley C. Hosmer

**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

2017 Financial Disclosure Statement

☒ Annual Filing ☐ Filing with Declaration of Candidacy
☐ Within 30 days of Appointment or Employment

1. REPORTING INDIVIDUAL			
Last Name <i>Doughty III</i>	First Name <i>ROBERT</i>	Middle <i>M.</i>	
Residence Address <i>9108 Thornton Ave. NE</i>		Email Address	
City <i>Albuquerque</i>	State <i>NM</i>	Zip <i>87109</i>	
Mailing Address (If different from above)			
City	State	Zip	

FILING STATUS <i>Please check the appropriate box and fill in the requested information</i>		Date assumed office, employed, or appointed
<input type="checkbox"/> CANDIDATE FOR	Office:	
<input type="checkbox"/> INCUMBENT IN	Office:	
<input checked="" type="checkbox"/> APPOINTED TO	Board or Commission subject to Senate Confirmation: <i>UNM Board of Regents</i>	<i>March 13, 2015</i>
<input type="checkbox"/> PUBLIC OFFICER WITH	Agency Name:	
<input type="checkbox"/> EMPLOYEE OF	Agency Name:	

REPORTING INDIVIDUAL'S EMPLOYER INFORMATION			
Employer's Full Name <i>Doughty, Alcaraz de Braam, P.A.</i>		Employer's Phone Number <i>(505) 242-7070</i>	
P.O. Box or Street Address of Employer <i>20 First Plaza NW, Suite 412</i>	City <i>Albuquerque</i>	State <i>NM</i>	Zip <i>87102</i>
Title or Position held by reporting individual <i>Attorney / Shareholder</i>		Nature of business or occupation <i>Law Firm</i>	

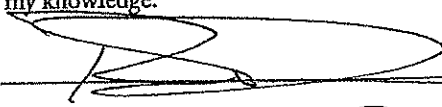
2. SPOUSE OF REPORTING INDIVIDUAL		
Last Name <i>Doughty</i>	First Name <i>Emily</i>	Middle <i>K</i>
Name of Spouse's Employer <i>None</i>		
Address of Spouse's Employer		
City	State	Zip
Spouse's title or position held		Nature of business or occupation

3. All sources of gross income of more than \$5,000 during the prior calendar year. *For the list of all sources, see page 4. (If you receive income of more than \$5,000 from any source(s) you must report each source, or sources, of that income. However you do not have to list the amount received.)			
Salary, wages, pension, investments, etc... (*see pg. 4) <i>Doughty, Menard & DeGroot, P.A.</i>	Received by (list the name of the reporting individual or spouse) <i>Robert M. Doughty III</i>		
4. If reporting individual or spouse is involved in a law practice, consulting operation or similar business:			
Describe the major areas of specialization or sources of income. <i>Practice of Law</i>	Income received by (list the name of the reporting individual or spouse) <i>Robert M. Doughty III</i>		
5. If the spouse or a person in the reporting person's or spouse's law firm, consulting operation or similar business is or was a registered lobbyist in the previous two years, disclose all clients represented:			
Client name & address <i>N/A</i>	Represented by (list the name of the reporting individual's firm or spouse's firm)		
6. Real estate owned in New Mexico: (other than personal residence)			
Owner <i>N/A</i>	County	General description	
7. Other business interests in New Mexico of \$10,000 or more:			
Name of business <i>N/A</i>	Position held	By whom (list name of reporting individual or spouse)	Purpose of business

8. Memberships held by reporting individual (or his/her spouse) on boards of for-profit businesses in New Mexico:	
Name of business	Board member (list the name of the reporting individual or spouse)
N/A	
9. Professional licenses held in New Mexico: (by reporting individual or by spouse)	
Type of license	Person holding license (list the name of the reporting individual or spouse)
LAW LICENSE - State Bar of NM	ROBERT M. DOUGHERTY III
10. State agencies to which you or your spouse provided goods or services in excess of \$5,000 during the prior calendar year:	
Agency to which services or goods were provided	Person providing goods or services (list the name of the reporting individual or spouse)
- N.M. Risk Management Legal Services	ROBERT M. DOUGHERTY, III
11. List each state agency before which you or your spouse represented or assisted a client during the past year: (do not include courts)	
Agency (other than a court)	Person assisting client (list the name of the reporting individual or spouse)
N/A	
12. Provide whatever other financial interest or additional information you believe should be noted to describe potential areas of interest that should be disclosed, or (as applicable) you believe or have reason to believe, may be affected by your official acts:	

*Income sources include law practice or consulting operation or similar businesses, finance and banking, farming and ranching, medicine and health care, insurance (as a business and not as a payment on an insurance claim), oil and gas, transportation, utilities, general stock market holdings, bonds, government, education, manufacturing, real estate, consumer goods sales with a general description of the consumer goods and all "other" sources including a description of the sources.

I hereby swear or affirm under penalty of perjury that the foregoing information is true, correct and complete to the best of my knowledge.

Signature:  Date: 2-9-17

Printed Name: ROBERT M. DOUGHERTY III

**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

2017 Financial Disclosure Statement

☒ Annual Filing ☐ Filing with Declaration of Candidacy
☐ Within 30 days of Appointment or Employment

1. REPORTING INDIVIDUAL		
Last Name FORTNER	First Name JACK	Middle LOUIS
Residence Address 4110 OLD MISSION RD		Email Address
City FARMINGTON	State NM	Zip 87401
Mailing Address (If different from above)		
City	State	Zip

FILING STATUS <small>Please check the appropriate box and fill in the requested information</small>		Date assumed office, employed, or appointed
<input type="checkbox"/> CANDIDATE FOR	Office:	
<input type="checkbox"/> INCUMBENT IN	Office:	
<input checked="" type="checkbox"/> APPOINTED TO	Board or Commission subject to Senate Confirmation: UNM Board of Regents	Jan 1, 2010
<input type="checkbox"/> PUBLIC OFFICER WITH	Agency Name:	
<input type="checkbox"/> EMPLOYEE OF	Agency Name:	

REPORTING INDIVIDUAL'S EMPLOYER INFORMATION			
Employer's Full Name FORTNER & Quail, LLC		Employer's Phone Number 505 326 1817	
P.O. Box or Street Address of Employer BOX 1960 FARM		City NM	State NM
Zip 87499			
Title or Position held by reporting individual Attorney		Nature of business or occupation Law Practice	

2. SPOUSE OF REPORTING INDIVIDUAL		
Last Name FORTNER	First Name TERRI	Middle DAWN
Name of Spouse's Employer Desert View Counseling		
Address of Spouse's Employer		
City FARM	State NM	Zip 87401
Spouse's title or position held Nurse Practitioner		Nature of business or occupation Psychiatric

3. All sources of gross income of more than \$5,000 during the prior calendar year. *For the list of all sources, see page 4.
(If you receive income of more than \$5,000 from any source(s) you must report each source, or sources, of that income. However you do not have to list the amount received.)

Salary, wages, pension, investments, etc... (*see pg. 4)	Received by (list the name of the reporting individual or spouse)
FORTNER & QUAIL, LLC	JACK FORTNER
FORTNER & FORTNER LLC	JACK FORTNER

4. If reporting individual or spouse is involved in a law practice, consulting operation or similar business:

Describe the major areas of specialization or sources of income.	Income received by (list the name of the reporting individual or spouse)
DNA	

5. If the spouse or a person in the reporting person's or spouse's law firm, consulting operation or similar business is or was a registered lobbyist in the previous two years, disclose all clients represented:

Client name & address	Represented by (list the name of the reporting individual's firm or spouse's firm)
DNA	

6. Real estate owned in New Mexico: (other than personal residence)

Owner	County	General description
FORTNER & FORTNER	SAN JUAN	LAW OFFICE BUILDING

7. Other business interests in New Mexico of \$10,000 or more:

Name of business	Position held	By whom (list name of reporting individual or spouse)	Purpose of business
RAISING LAZARUS	OWNER 1/3	JACK FORTNER	ownership of airplane

8. Memberships held by reporting individual (or his/her spouse) on boards of for-profit businesses in New Mexico:	
Name of business	Board member (list the name of the reporting individual or spouse)
NONE	
9. Professional licenses held in New Mexico: (by reporting individual or by spouse)	
Type of license	Person holding license (list the name of the reporting individual or spouse)
State Bar	JACKIE FORTNER
NM Nursing Board	NURSING LICENSE
10. State agencies to which you or your spouse provided goods or services in excess of \$5,000 during the prior calendar year:	
Agency to which services or goods were provided	Person providing goods or services (list the name of the reporting individual or spouse)
N.M. Public Defender	TYSON QUAIL, law partner
11. List each state agency before which you or your spouse represented or assisted a client during the past year: (do not include courts)	
Agency (other than a court)	Person assisting client (list the name of the reporting individual or spouse)
Motor Vehicle Dept License revocations	JACK FORTNER
12. Provide whatever other financial interest or additional information you believe should be noted to describe potential areas of interest that should be disclosed, or (as applicable) you believe or have reason to believe, may be affected by your official acts:	

*Income sources include law practice or consulting operation or similar businesses, finance and banking, farming and ranching, medicine and health care, insurance (as a business and not as a payment on an insurance claim), oil and gas, transportation, utilities, general stock market holdings, bonds, government, education, manufacturing, real estate, consumer goods sales with a general description of the consumer goods and all "other" sources including a description of the sources.

I hereby swear or affirm under penalty of perjury that the foregoing information is true, correct and complete to the best of my knowledge.

Signature: Jack L Fortner Date: 1-25-17

Printed Name: JACK L FORTNER

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

2017 Financial Disclosure Statement

☒ Annual Filing ☐ Filing with Declaration of Candidacy
☐ Within 30 days of Appointment or Employment

1. REPORTING INDIVIDUAL		
Last Name <i>Lee</i>	First Name <i>Marron</i>	Middle <i>Marron resipsa@gmail.com</i>
Residence Address <i>2411 Elfego Rd NW</i>		Email Address
City <i>Albuquerque</i>	State <i>NM</i>	Zip <i>87107</i>
Mailing Address (If different from above)		
City	State	Zip

FILING STATUS <small>Please check the appropriate box and fill in the requested information</small>		Date assumed office, employed, or appointed
<input type="checkbox"/> CANDIDATE FOR	Office:	
<input type="checkbox"/> INCUMBENT IN	Office:	
<input checked="" type="checkbox"/> APPOINTED TO	Board or Commission subject to Senate Confirmation: <i>Regent, UNM</i>	<i>4. 2015</i>
<input type="checkbox"/> PUBLIC OFFICER WITH	Agency Name:	
<input type="checkbox"/> EMPLOYEE OF	Agency Name:	

REPORTING INDIVIDUAL'S EMPLOYER INFORMATION			
Employer's Full Name <i>Self</i>		Employer's Phone Number	
P.O. Box or Street Address of Employer	City	State	Zip
Title or Position held by reporting individual		Nature of business or occupation	

2. SPOUSE OF REPORTING INDIVIDUAL		
Last Name Nelson	First Name Michael	Middle J
Name of Spouse's Employer Human Service Department		
Address of Spouse's Employer Santa Fe N.M. 87501		
City Deputy	State Secretary	Zip State Agency
Spouse's title or position held		Nature of business or occupation

3. All sources of gross income of more than \$5,000 during the prior calendar year. *For the list of all sources, see page 4.
(If you receive income of more than \$5,000 from any source(s) you must report each source, or sources, of that income. However you do not have to list the amount received.)

Salary, wages, pension, investments, etc... (*see pg. 4)	Received by (list the name of the reporting individual or spouse)
Fernandez Co	

4. If reporting individual or spouse is involved in a law practice, consulting operation or similar business:

Describe the major areas of specialization or sources of income.	Income received by (list the name of the reporting individual or spouse)
GAL WORK	Advocacy Inc.

5. If the spouse or a person in the reporting person's or spouse's law firm, consulting operation or similar business is or was a registered lobbyist in the previous two years, disclose all clients represented:

Client name & address	Represented by (list the name of the reporting individual's firm or spouse's firm)

6. Real estate owned in New Mexico: (other than personal residence)

Owner	County	General description
Fernandez CU	Cibola	Ranch

7. Other business interests in New Mexico of \$10,000 or more:

Name of business	Position held	By whom (list name of reporting individual or spouse)	Purpose of business

8. Memberships held by reporting individual (or his/her spouse) on boards of for-profit businesses in New Mexico:	
Name of business	Board member (list the name of the reporting individual or spouse)
9. Professional licenses held in New Mexico: (by reporting individual or by spouse)	
Type of license	Person holding license (list the name of the reporting individual or spouse)
Attorney	Marron Lee
10. State agencies to which you or your spouse provided goods or services in excess of \$5,000 during the prior calendar year:	
Agency to which services or goods were provided	Person providing goods or services (list the name of the reporting individual or spouse)
11. List each state agency before which you or your spouse represented or assisted a client during the past year: (do not include courts)	
Agency (other than a court)	Person assisting client (list the name of the reporting individual or spouse)
12. Provide whatever other financial interest or additional information you believe should be noted to describe potential areas of interest that should be disclosed, or (as applicable) you believe or have reason to believe, may be affected by your official acts:	

*Income sources include law practice or consulting operation or similar businesses, finance and banking, farming and ranching, medicine and health care, insurance (as a business and not as a payment on an insurance claim), oil and gas, transportation, utilities, general stock market holdings, bonds, government, education, manufacturing, real estate, consumer goods sales with a general description of the consumer goods and all "other" sources including a description of the sources.

I hereby swear or affirm under penalty of perjury that the foregoing information is true, correct and complete to the best of my knowledge.

Signature: Marron Lee Date: 02.7.17
 Printed Name: Marron Lee

**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

2017 Financial Disclosure Statement

☒ Annual Filing ☐ Filing with Declaration of Candidacy
☐ Within 30 days of Appointment or Employment

1. REPORTING INDIVIDUAL		
Last Name Clifford	First Name Thomas	Middle E
Residence Address 32 Camino Estrellas		Email Address tcliffordino@comcast.net
City Santa Fe	State NM	Zip 87508
Mailing Address (If different from above)		
City	State	Zip

FILING STATUS <i>Please check the appropriate box and fill in the requested information</i>		Date assumed office, employed, or appointed
<input type="checkbox"/> CANDIDATE FOR	Office:	
<input type="checkbox"/> INCUMBENT IN	Office:	
<input checked="" type="checkbox"/> APPOINTED TO	Board or Commission subject to Senate Confirmation: UNM Regent	July 2016
<input type="checkbox"/> PUBLIC OFFICER WITH	Agency Name:	
<input type="checkbox"/> EMPLOYEE OF	Agency Name:	

REPORTING INDIVIDUAL'S EMPLOYER INFORMATION			
Employer's Full Name Self Employed		Employer's Phone Number (505) 228-7129	
P.O. Box or Street Address of Employer 32 Camino Estrellas		City Santa Fe	State NM
		Zip 87508	
Title or Position held by reporting individual		Nature of business or occupation Economic Consulting	

2. SPOUSE OF REPORTING INDIVIDUAL		
Last Name Clifford	First Name Camille	Middle P
Name of Spouse's Employer New Mexico Department of Health		
Address of Spouse's Employer 1190 S. St. Francis Dr.		
City Santa Fe	State NM	Zip 87508
Spouse's title or position held Epidemiologist		Nature of business or occupation Public Health

3. All sources of gross income of more than \$5,000 during the prior calendar year. For the list of all sources, see page 4. (If you receive income of more than \$5,000 from any source(s), you must report each source, or sources, of that income. However you do not have to list the amount received.)			
Salary, wages, pension, investments, etc... (*see pg. 4)	Received by (list the name of the reporting individual or spouse)		
Salary	self		
Pension benefits	self		
Salary	spouse		
4. If reporting individual or spouse is involved in a law practice, consulting operation or similar business:			
Describe the major areas of specialization or sources of income.	Income received by (list the name of the reporting individual or spouse)		
N/A			
5. If the spouse or a person in the reporting person's or spouse's law firm, consulting operation or similar business is or was a registered lobbyist in the previous two years, disclose all clients represented:			
Client name & address	Represented by (list the name of the reporting individual's firm or spouse's firm)		
N/A			
6. Real estate owned in New Mexico (other than personal residence):			
Owner	County	General description	
N/A			
7. Other business interests in New Mexico of \$10,000 or more:			
Name of business	Position held	By whom (list name of reporting individual or spouse)	Purpose of business
N/A			

8. Memberships held by reporting individual (or his/her spouse) on boards of for-profit businesses in New Mexico.	
Name of business	Board member (list the name of the reporting individual or spouse)
N/A	
9. Professional licenses held in New Mexico: (by reporting individual or by spouse).	
Type of license	Person holding license (list the name of the reporting individual or spouse)
N/A	
10. State agencies to which you or your spouse provided goods or services in excess of \$5,000 during the prior calendar year.	
Agency to which services or goods were provided	Person providing goods or services (list the name of the reporting individual or spouse)
N/A	
11. List each state agency before which you or your spouse represented or assisted a client during the past year (do not include courts):	
Agency (other than a court)	Person assisting client (list the name of the reporting individual or spouse)
N/A	
12. Provide whatever other financial interest or additional information you believe should be noted to describe potential areas of interest that should be disclosed, or (as applicable) you believe or have reason to believe, may be affected by your official acts.	
N/A	

*Income sources include law practice or consulting operation or similar businesses, finance and banking, farming and ranching, medicine and health care, insurance (as a business and not as a payment on an insurance claim), oil and gas, transportation, utilities, general stock market holdings, bonds, government, education, manufacturing, real estate, consumer goods sales with a general description of the consumer goods and all "other" sources including a description of the sources.

I hereby swear or affirm under penalty of perjury that the foregoing information is true, correct and complete to the best of my knowledge.

Signature: Thomas Clifford Date: 1-26-17

Printed Name: Thomas Clifford

