

STATE OF NEW MEXICO
OFFICE OF THE SECRETARY OF STATE

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OFFICE OF
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 Martinez	First Name Susana	Middle —
Residence Address 1 Mansion Drive		Email Address
City Santa Fe	State NM	Zip 87501
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 type="checkbox"/> APPOINTED TO Board or Commission subject to Senate Confirmation:	
<input type="checkbox"/> PUBLIC OFFICER WITH Agency Name:	
<input checked="" type="checkbox"/> EMPLOYEE OF Agency Name: State of NM/Office of the Governor	

REPORTING INDIVIDUAL'S EMPLOYER INFORMATION			
Employer's Full Name State of New Mexico		Employer's Phone Number (505) 476-2200	
P.O. Box or Street Address of Employer 490 Old Santa Fe Trail		City Santa Fe	State NM
		Zip 87501	
Title or Position held by reporting individual Governor		Nature of business or occupation State Government/Administration	

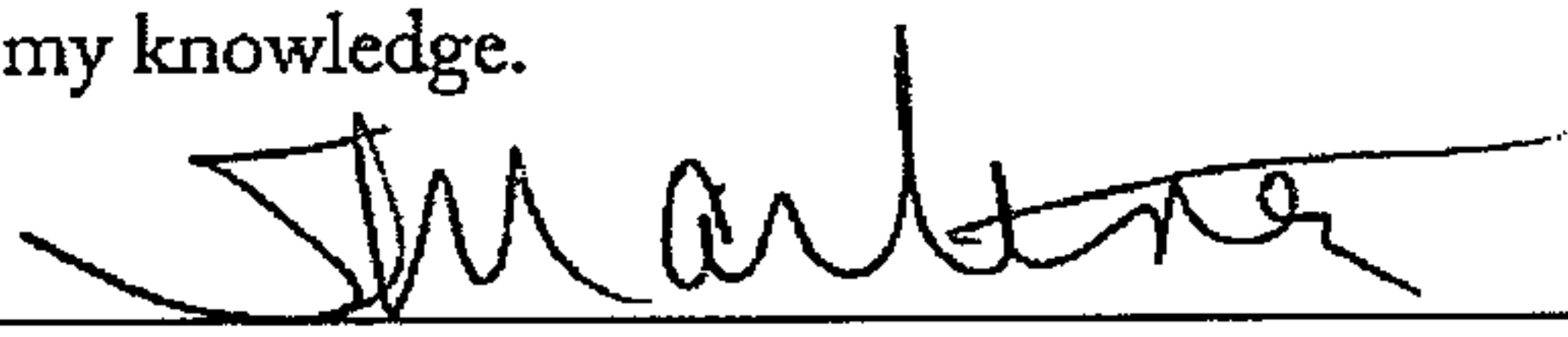
2. SPOUSE OF REPORTING INDIVIDUAL		
Last Name Franco	First Name Charles	Middle A
Name of Spouse's Employer State of New Mexico		
Address of Spouse's Employer 490 Old Santa Fe Trail		
City Santa Fe	State NM	Zip 87501
Spouse's title or position held First Gentleman		Nature of business or occupation State Government/Administration

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 - State of New Mexico	Susana Martinez		
Investment Income	Susana Martinez for financial support/care of disabled sister		
Salary - MVM, Inc	Charles Franco		
Retirement	Charles Franco		
State of New Mexico (0)	Charles Franco		
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:  Date: 1-4-17

Printed Name: Susana Martinez