

# LOBBYIST REGISTRATION STATEMENT

Check applicable box:  New Registration  Amendment  Annual Renewal  Cancel Registration

## Permanent business address

Lobbyist or Lobbyist Organization Full Name: TOM RUTHERFORD  
Permanent Telephone Number: 505-265-1129 Email address: tomrutherford@swop.com  
Permanent Business Address: 1016 MONROE NE  
City: Albuquerque State: NM Zip Code: 87110

## Business address while lobbying or conducting lobbyist campaigning

Business Address: 1016 Monroe NE  
City: Albuquerque State: NM Zip Code: 87110

## Lobbyist Organization Chairperson

Chairperson Full Name: TOM RUTHERFORD  
Telephone Number: as above  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Lobbyist Organization Treasurer

Treasurer Full Name: TOM RUTHERFORD  
Telephone Number: as above  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Lobbyist Organization's Bank and Checking Account Information

Name of Bank: Wells Fargo  
Address: 400 COMPS NW  
City: Albuquerque State: NM Zip Code: 87102 87102  
Checking Account Number: [REDACTED]

## All parties with Signature Authority for Lobbyist Organization's Checking Account

Full Name: TOM RUTHERFORD  
Telephone Number: as above  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**LOBBYIST'S EMPLOYERS**  
**Lobbyist's Employers Information**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*For additional employers, use a second form and attach to original.*

**OFFICIAL ACTION FORM**

**Lobbyist's Permanent business address**

Lobbyist or Lobbyist Organization Full Name: \_\_\_\_\_

Permanent Telephone Number: \_\_\_\_\_

Permanent Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Official action the lobbyist or lobbyist organization supports or opposes**

*awardship of bid to BioPappel*

**Lobbyist Official Action Bank and Checking Account Information**

Name of Bank: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

**All parties with Signature Authority for Lobbyist's Official Action Checking Account**

Full Name: *TOM RUTHERFORD*

Address: *as above*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I understand that I must file an Annual Registration Renewal every twelve months after the date of this registration, as long as I continue to perform lobbyist activities, as defined in the Lobbyist and Lobbyist Organization Registration and Disclosure Ordinance. In the event any change occurs in the above information, including but not limited to, new official actions supported or opposed, I am required to notify the City Clerk of changes within one month of such occurrence.

I swear or affirm that the above information is true and correct to the best of my knowledge

*[Handwritten Signature]*  
Signature

*4/27/11*  
Date