



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

2026 Financial Disclosure Report

1. REPORTING INDIVIDUAL – Contact Information

Please provide all information requested in the space below.

Last Name Zimmerman	First Name Corey	Middle Name Rubin
Residence Address XXXXXX	Email Address XXXXXX	
City XXXXXX	State XXXXXX	Zip XXXXXX
Mailing Address XXXXXX		
City XXXXXX	State XXXXXX	Zip XXXXXX

2. REPORTING INDIVIDUAL – Current Filing Status

Please check the appropriate box and fill in all requested information as it is applicable on today's date

Date assumed office (for current term):
or
Date of current appointment/ employment

Reporting individual	Office / Board or Commission / Agency Name	Date Assumed Office, Employed, or Appointed
Candidate	State Representative, Bernalillo, DISTRICT 26	03/10/2026

3. REPORTING INDIVIDUAL - Employer Information

Employer Bosque Trails Hospice	Employer's Phone Number (505) 808-2870		
P.O. Box or Street Address of Employer 1700 Louisiana Blvd NE #120	City Albuquerque	State NM	Zip 87110
Title or Position held by reporting individual Spiritual Care/Chaplain	Nature of business or occupation Healthcare		

4. SPOUSE OF REPORTING INDIVIDUAL – Employer Information

Last Name Zimmerman	First Name Angelynn	Middle Rose
Name of Spouse's Employer Angie's Therapy for Kids		
Address of Spouse's Employer 7705 Pinewood Dr NW		
City Albuquerque	State NM	Zip 87120-4036

Spouse's title or position held Owner/Occupational Therapist		Nature of business or occupation Healthcare-	
5. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – Income Source(s) Sources of Gross Income over \$5,000.00* *For the list of all sources, see page 4.			
In the space provided below, indicate <u>all</u> sources of gross income of <u>more than</u> \$5,000 during the prior calendar year to each person covered by this disclosure, i.e., reporting individual or their spouse or indicate not applicable.			
Please note: Only the source(s) of income need to be reported. <u>You do not need to report the amount received.</u> <u>If 'other', please include a brief description.</u>			
Income source (*see pg. 4):		Received by (list the name of the reporting individual or spouse):	
MEDICINE AND HEALTH CARE		Angelynn Rose Zimmerman	
MEDICINE AND HEALTH CARE		Corey Rubin Zimmerman	
6. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE - Areas of Specialization If the reporting individual or their spouse is involved in a law practice, consulting operation or similar business, please include the information in the space provided below or indicate not applicable:			
Describe the major areas of specialization or sources of income.		Received by (list the name of the reporting individual or spouse):	
7. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE - Consulting and/or Lobbying 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	
8. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – Real Estate Real estate owned in New Mexico (other than personal residence):			
Owner	County	General Description	
9. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – Other Business Business Interests over \$10,000.00 List any other business interests in New Mexico of \$10,000 or more in the space provided:			
Name of business:	Position held:	General statement of business purpose:	Received by (list the name of the reporting individual or spouse):
10. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE Board Membership Memberships held by reporting individual or their spouse on boards of for-profit businesses in New Mexico:			
Name of business:		Board member (list the name of the reporting individual or spouse):	
11. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – Professional License(s) Professional licenses held in New Mexico:			
Type of license:		Individual holding license (list the name of the reporting individual or spouse):	
Occupational Therapist License		Angelynn Rose Zimmerman	

12. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE**Goods and/or Services Provided to State Agencies**

State agencies to which the reporting individual or their spouse provided goods or services to in excess of \$5,000 during the prior calendar year:

State agency to which goods and/or services were provided:

Individual providing goods or services (list the name of the reporting individual or spouse):

13. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE**State Agency Representation**

List each state agency before which you or your spouse represented or assisted a client during the past year: (do not include courts)

State agency (other than a court):

Individual assisting client (list the name of the reporting individual or spouse):

14. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – General Information

Provide 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:

All income from employment/subcontracting in healthcare; no conflicts anticipated.

***Pursuant to NMSA 1978 § 10-16A-3 (D), 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 the category "other", with direction that the income source be similarly described.

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: Corey R Zimmerman

Date: 03/09/2026

Printed Name: Corey Zimmerman