



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.

|                                    |                                |                          |
|------------------------------------|--------------------------------|--------------------------|
| <b>Last Name</b><br>Garcia         | <b>First Name</b><br>Miguel    | <b>Middle Name</b><br>P. |
| <b>Residence Address</b><br>XXXXXX | <b>Email Address</b><br>XXXXXX |                          |
| <b>City</b><br>XXXXXX              | <b>State</b><br>XXXXXX         | <b>Zip</b><br>XXXXXX     |
| <b>Mailing Address</b><br>XXXXXX   |                                |                          |
| <b>City</b><br>XXXXXX              | <b>State</b><br>XXXXXX         | <b>Zip</b><br>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 |
|----------------------|-----------------------------------------------|---------------------------------------------|
| Incumbent            | State Representative, Bernalillo, DISTRICT 14 | 01/17/2023                                  |
| Incumbent            | State Representative, Bernalillo, DISTRICT 14 | 01/01/2024                                  |
| Incumbent            | State Representative, Bernalillo, DISTRICT 14 | 01/01/2025                                  |

### 3. REPORTING INDIVIDUAL - Employer Information

### 4. SPOUSE OF REPORTING INDIVIDUAL – Employer Information

### 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 **all** sources of gross income of **more than** \$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. **You do not need to report the amount received.**  
**If 'other', please include a brief description.**

|                                                 |                                                                                               |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <b>Income source (*see pg. 4):</b><br>EDUCATION | <b>Received by (list the name of the reporting individual or spouse):</b><br>Miguel P. Garcia |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                        |                |                                                                                               |                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| GOVERNMENT                                                                                                                                                                                                                                                                                                                                             |                | Miguel P. Garcia                                                                              |                                                                    |
| <b>6. REPORTING INDIVIDUAL &amp; REPORTING INDIVIDUAL'S SPOUSE - Areas of Specialization</b><br>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):                            |                                                                    |
| <b>7. REPORTING INDIVIDUAL &amp; REPORTING INDIVIDUAL'S SPOUSE - Consulting and/or Lobbying</b><br>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             |                                                                    |
| <b>8. REPORTING INDIVIDUAL &amp; REPORTING INDIVIDUAL'S SPOUSE – Real Estate</b><br>Real estate owned in New Mexico (other than personal residence):                                                                                                                                                                                                   |                |                                                                                               |                                                                    |
| Owner                                                                                                                                                                                                                                                                                                                                                  | County         | General Description                                                                           |                                                                    |
| <b>9. REPORTING INDIVIDUAL &amp; REPORTING INDIVIDUAL'S SPOUSE – Other Business</b><br>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): |
| <b>10. REPORTING INDIVIDUAL &amp; REPORTING INDIVIDUAL'S SPOUSE</b><br><b>Board Membership</b><br>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):                           |                                                                    |
| <b>11. REPORTING INDIVIDUAL &amp; REPORTING INDIVIDUAL'S SPOUSE – Professional License(s)</b><br>Professional licenses held in New Mexico:                                                                                                                                                                                                             |                |                                                                                               |                                                                    |
| Type of license:                                                                                                                                                                                                                                                                                                                                       |                | Individual holding license (list the name of the reporting individual or spouse):             |                                                                    |
| <b>12. REPORTING INDIVIDUAL &amp; REPORTING INDIVIDUAL'S SPOUSE</b><br><b>Goods and/or Services Provided to State Agencies</b><br>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): |                                                                    |
| <b>13. REPORTING INDIVIDUAL &amp; REPORTING INDIVIDUAL'S SPOUSE</b><br><b>State Agency Representation</b><br>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):            |                                                                    |
| <b>14. REPORTING INDIVIDUAL &amp; REPORTING INDIVIDUAL'S SPOUSE – General Information</b><br>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: |                |                                                                                               |                                                                    |

**\*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: Miguel P. Garcia | Date: 01/20/2026 |
| Printed Name: Miguel Garcia |                  |