

**State of New Mexico
Office of the Secretary of State
Ethics Administration**

325 Don Gaspar, Suite 300
Santa Fe, New Mexico 87503
(800) 477 - 3632 or (505) 827 - 3600

2020 LOBBYIST REPORTING FORM

Report of Expenditures & Contributions

FORM A

IDENTIFYING INFORMATION & FINANCIAL SUMMARY

REPORT DUE:	January 15	<input checked="" type="checkbox"/> within 48 hours during session	May 6
FILING AS A:	<input type="checkbox"/> Lobbyist	<input checked="" type="checkbox"/> Lobbyist Employer	
1.a	Name of Lobbyist	Telephone	Fax
b.	Address	City	State Zip
c.	If filing as lobbyist employer, the Employer's name	Address	Telephone #
	Presbyterian Health Plan	P.O. Box 27489 Albuquerque NM 87125	505.823.0700
2.	FINANCIAL SUMMARY (Cumulative)		
a.	Total Meal and Beverage expenses (incl. Form B)	\$0.00	
b.	Total Other Entertainment Expenses (incl. Form B)	\$0.00	
d.	Total other Expenses (Incl. Form B)	\$0.00	
e.	Total Special Event Expenses (Incl. Form C)	\$16,094.23	
f.	TOTAL EXPENDITURES (Incl. Forms B and C)		\$16,094.23
g.	TOTAL POLITICAL CONTRIBUTIONS (Form D)		\$0.00

Report of Expenditures
FORM B
EXPENDITURES

Name of Lobbyist or Lobbyist Employer: **Presbyterian Health Plan**

REPORT DUE: **January 15** **within 48 hours during session** **May 6**

Itemize each expenditure of \$100 or more and specify the type of expenditure by entering a category number:
(a) meals & beverages; (b) other entertainment expenditures; or (c) other expenditures [2-11-6 A (1) NMSA 1978]

Date	Name of Payee	Beneficiary	Type	Purpose for which made or incurred	Expenditure On Behalf Of	Amount
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Subtotal Form B:

Report of Expenditures
FORM C
SPECIAL EVENTS

Name of Lobbyist or Lobbyist Employer: **Presbyterian Health Plan**

REPORT DUE: **January 15** **within 48 hours during session** **May 6**

Date	Type of Event & Location	Group(s) Invited	Total Expenses
1/22/2020	Dinner Hilton Santa Fe	NM Legislators and guests, Presbyterian Board members and staff and administration officials.	\$16,094.23

Total Special Events \$16,094.23

Report of Expenditures
FORM D
POLITICAL CONTRIBUTIONS

Name of Lobbyist or Lobbyist Employer: Presbyterian Health Plan			
REPORT DUE:	January 15	X within 48 hours during session	May 6
Date	Name of candidate, public official or ballot issue supported or opposed	Contribution On Behalf Of	Amount

Total Political Contributions