

**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

**2012 LOBBYIST REPORTING FORM**

Report of Expenditures & Contributions

**FORM A**

**IDENTIFYING INFORMATION & FINANCIAL SUMMARY**

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

**FILING AS A:** Lobbyist  **X** Lobbyist Employer

Name of Lobbyist	Telephone	Fax
1.a		
Address	City	State
b.		
If filing as lobbyist employer, the Employer's name	Address	Telephone #
c. Presbyterian Health Plan	P.O. Box 27489 Albuquerque NM 87125	505.823.0700

<b>2.</b>	<b>FINANCIAL SUMMARY (Cumulative)</b>	
a.	Total Meal and Beverage expenses (incl. Form B)	\$0.00
b.	Total Other Entertainment Expenses (incl. Form B)	\$0.00
c.	Total Gift Expenses (Incl. Form B)	\$0.00
d.	Total other Expenses (Incl. Form B)	\$0.00
e.	Total Special Event Expenses (Incl. Form C)	\$6,000.00
f.	TOTAL EXPENDITURES (Incl. Forms B and C)	\$6,000.00
g.	TOTAL POLITICAL CONTRIBUTIONS (Form D)	\$0.00

I hereby swear to affirm under penalty of law that this statement is true, correct and complete to the best of my knowledge

\_\_\_\_\_  
(Signature of Lobbyist/Lobbyist Employer)

**NOTARY INFORMATION**

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

**(SEAL)**

\_\_\_\_\_  
(Signature of Notarial Officer)

My commission expires: \_\_\_\_\_

Report of Expenditures  
FORM B  
EXPENDITURES

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

REPORT **January 15** **X** within 48 hours during session  
DUE:

Itemize each expenditure of more than \$75 and specify the type of expenditure by entering a category number:  
(1) meals & beverages; (2) other entertainment expenditures; (3) gifts; or (4) other expenditures. [2-11-6C NMSA 1978]

Date	Name of Payee	Beneficiary	Type	Purpose for which made or incurred	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**

Date	Type of Event & Location	Group(s) Invited	Total Expenses
1/18/2012	2012 Legislative Dinner La Posada (Santa Fe)	All Legislators, Governor, Lt. Governor, Medicaid Director, Sec. HSD, and Sec. Doi.	\$6,000.00

Total Special Events \$6,000.00

Report of Expenditures  
FORM D  
POLITICAL CONTRIBUTIONS

Name of Lobbyist or Lobbyist Employer: <b>Presbyterian Health Plan</b>		
<b>REPORT DUE:</b>	<b>January 15</b>	<b>X within 48 hours during session</b>
<b>Date</b>	<b>Name of candidate, public official or ballot issue supported or opposed</b>	<b>Amount</b>

Total Political Contributions

Report of Expenditures  
FORM E  
BUNDLING DISCLOSURE

**NOTE:** if you or any of your employers delivered, directly or indirectly, separate political contributions from other contributors of five hundred dollars (\$500.00) or more, in the aggregate, for an election to a candidate, campaign, committee, or anyone authorized by a candidate to receive funds on his/her behalf, the law requires disclosure of the names, addresses and occupations of the contributors.

Name of Lobbyist or Lobbyist Employer:	Presbyterian Health Plan
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REPORT DUE:	January 15	X within 48 hours during session
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