

**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**

<b>REPORT DUE:</b>	<b>January 15</b>	<b>within 48 hours during session</b>	<b>X May 1</b>
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<b>FILING AS A:</b>	<b>Lobbyist</b>	<b>X Lobbyist Employer</b>
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Name of Lobbyist	Telephone	Fax	
1.a .			
Address	City	State	Zip
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)	\$0.00	
f.	TOTAL EXPENDITURES (Incl. Forms B and C)		\$0.00
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)



Report of Expenditures  
FORM B  
EXPENDITURES

Name of Lobbyist or Lobbyist Employer: <b>Presbyterian Health Plan</b>
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REPORT DUE:	January 15	within 48 hours during session	X May 1
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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: <b>Presbyterian Health Plan</b>			
<b>REPORT DUE:</b>	<b>January 15</b>	<b>within 48 hours during session</b>	<b>X May 1</b>
<b>Date</b>	<b>Type of Event &amp; Location</b>	<b>Group(s) Invited</b>	<b>Total Expenses</b>

Total Special Events



Report of Expenditures  
FORM D  
POLITICAL CONTRIBUTIONS

Name of Lobbyist or Lobbyist Employer: <b>Presbyterian Health Plan</b>			
REPORT DUE:	January 15	within 48 hours during session	X May 1
Date	Name of candidate, public official or ballot issue supported or opposed	Amount	

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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