

**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

2013 LOBBYIST REPORTING FORM

Report of Expenditures & Contributions

FORM A

IDENTIFYING INFORMATION & FINANCIAL SUMMARY

REPORT DUE:	X January 15	within 48 hours during session	May 1
FILING AS A:	Lobbyist	X 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 _____ 505.823.0700 NM 87125			
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	
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: Presbyterian Health Plan
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REPORT DUE:	X January 15	within 48 hours during session	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: Presbyterian Health Plan			
REPORT DUE:	X January 15	within 48 hours during session	May 1
Date	Type of Event & Location	Group(s) Invited	Total Expenses

Total Special Events

Report of Expenditures
FORM D
POLITICAL CONTRIBUTIONS

Name of Lobbyist or Lobbyist Employer: Presbyterian Health Plan			
REPORT DUE:	<input checked="" type="checkbox"/> January 15	within 48 hours during session	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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