

**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

2014 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 1
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 Presbyterian Health Plan	Address P.O. Box 27489 Albuquerque NM 87125	Telephone # 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	
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)	\$8,851.54	
f.	TOTAL EXPENDITURES (Incl. Forms B and C)		\$8,851.54
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:	January 15	X 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: **January 15** **within 48 hours during session** **May 1**

Date	Type of Event & Location	Group(s) Invited	Total Expenses
1/22/2014	Dinner LaPosada Hotel - Santa Fe	NM legislators and guests, Presbyterian Healthcare Services board members and staff	\$8,851.54

Total Special Events \$8,851.54

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 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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REPORT DUE:	January 15	X within 48 hours during session	May 1
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