

**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**

<b>REPORT DUE:</b>	January 15	within 48 hours during session	X May 1
<b>FILING AS A:</b>	X Lobbyist	Lobbyist Employer	
1.a. Name of Lobbyist: Philip A. Lyons			
		Telephone: 303-267-3212	Fax:
b. Address: 6465 S. Greenwood Plaza Blvd., Suite 300			
		City: Centennial	State: CO
		Zip: 80111	
c. If filing as lobbyist employer, the Employer's name: _____			
		Address: _____	Telephone #: _____
<b>2. 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: **Philip A. Lyons**

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

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
------	---------------	-------------	------	------------------------------------	--------

Subtotal Form B:



Report of Expenditures  
FORM C  
SPECIAL EVENTS

Name of Lobbyist or Lobbyist Employer: Philip A. Lyons			
REPORT DUE:	January 15	within 48 hours during session	X 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: <b>Philip A. Lyons</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:	<b>Philip A. Lyons</b>
--	------------------------

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

