

**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

2016 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		
	Address		Telephone #
	Presbyterian Health Plan	P.O. Box 27489 Albuquerque NM 87125	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)	\$9,415.20	
f.	TOTAL EXPENDITURES (Incl. Forms B and C)		\$9,415.20
g.	TOTAL POLITICAL CONTRIBUTIONS (Form D)		\$0.00
h.	TOTAL BUNDLING CONTRIBUTIONS (Form E)		\$0.00

Report of Expenditures
FORM B
EXPENDITURES

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

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

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

Date	Type of Event & Location	Group(s) Invited	Total Expenses
1/20/2016	Presbyterian Legislative Dinner La Posada (Santa Fe)	Invited all 112 legislators, Governor, Lt. Governor, Presbyterian Senior Leadership, Presbyterian Board Members	\$9,415.20

Total Special Events \$9,415.20

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	Contribution On Behalf Of	Amount

Total Political Contributions

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

Total Bundling Disclosures