

**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

**2017 LOBBYIST REPORTING FORM**

Report of Expenditures & Contributions

**FORM A**

**IDENTIFYING INFORMATION & FINANCIAL SUMMARY**

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

**FILING AS A:** **Lobbyist** **X Lobbyist Employer**

Name of Lobbyist	Telephone	Fax
1.a .		
Address	City	State
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)	\$10,873.20	
f.	TOTAL EXPENDITURES (Incl. Forms B and C)		\$10,873.20
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 **January 15**  within 48 hours during session  
DUE:

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**

Date	Type of Event & Location	Group(s) Invited	Total Expenses
1/18/2017	Presbyterian Legislative Dinner La Posada	All 112 Legislators, Governor, Lt. Governor, Presbyterian Senior Leadership and Presbyterian Board Members	\$10,873.20

Total Special Events \$10,873.20

Report of Expenditures  
FORM D  
POLITICAL CONTRIBUTIONS

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

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

Date	Name of candidate, public official or ballot issue supported or opposed	Contribution On Behalf Of	Amount
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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
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Total Bundling Disclosures