

**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	within 48 hours during session	X October 4								
FILING AS A:	X Lobbyist	Lobbyist Employer									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Name of Lobbyist</td> <td style="width: 30%;">Telephone</td> <td colspan="2" style="width: 40%;">Fax</td> </tr> <tr> <td>1.a Chris Cronn</td> <td>(512) 689-0497</td> <td colspan="2"></td> </tr> </table>				Name of Lobbyist	Telephone	Fax		1.a Chris Cronn	(512) 689-0497		
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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)		\$6,000.00								
h.	TOTAL BUNDLING CONTRIBUTIONS (Form E)		\$0.00								

Report of Expenditures
FORM B
EXPENDITURES

Name of Lobbyist or Lobbyist Employer: **Chris Cronn**

REPORT DUE: **January 15** within 48 hours during session **X October 4**

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: Chris Cronn			
REPORT DUE:	January 15	within 48 hours during session	X October 4
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: **Chris Cronn**

REPORT DUE: **January 15** within 48 hours during session **X October 4**

Date	Name of candidate, public official or ballot issue supported or opposed	Contribution On Behalf Of	Amount
8/25/2017	Senate Majority Leadership Fund	United HealthCare Services, Inc.	\$1,000.00
8/25/2017	Senate Minority Leadership Fund	United HealthCare Services, Inc.	\$1,000.00
8/25/2017	House Majority Leadership Fund	United HealthCare Services, Inc.	\$1,000.00
8/25/2017	House Minority Leadership Fund	United HealthCare Services, Inc.	\$1,000.00
8/25/2017	Peter Wirth	United HealthCare Services, Inc.	\$1,000.00
8/25/2017	Brian Egolf	United HealthCare Services, Inc.	\$1,000.00

Total Political Contributions \$6,000.00

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:	Chris Cronn
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REPORT DUE:	January 15	within 48 hours during session	X October 4
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Total Bundling Disclosures