

**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

2018 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

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)	\$9,716.02	
f.	TOTAL EXPENDITURES (Incl. Forms B and C)		\$9,716.02
g.	TOTAL POLITICAL CONTRIBUTIONS (Form D)		\$0.00
h.	TOTAL BUNDLING CONTRIBUTIONS (Form E)		\$0.00

Report of Expenditures
FORM B
EXPENDITURES

2018

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

2018

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
1/17/2018	Legislative Dinner La Posada	Legislators and guests, Presbyterian Board Members and Leadership	\$9,716.02

Total Special Events \$9,716.02

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