

**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

**2019 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**

<b>1.a</b>	Name of Lobbyist	Telephone	Fax
.			
<b>b.</b>	Address	City	State Zip
<b>c.</b>	If filing as lobbyist employer, the Employer's name	Address	Telephone #
	Presbyterian Health Plan	P.O. Box 27489 Albuquerque NM 87125	505.823.0700

<b>2.</b>	<b>FINANCIAL SUMMARY (Cumulative)</b>		
<b>a.</b>	Total Meal and Beverage expenses (incl. Form B)	\$0.00	
<b>b.</b>	Total Other Entertainment Expenses (incl. Form B)	\$0.00	
<b>d.</b>	Total other Expenses (Incl. Form B)	\$0.00	
<b>e.</b>	Total Special Event Expenses (Incl. Form C)	\$25,284.25	
<b>f.</b>	TOTAL EXPENDITURES (Incl. Forms B and C)		\$25,284.25
<b>g.</b>	TOTAL POLITICAL CONTRIBUTIONS (Form D)		\$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 \$100 or more and specify the type of expenditure by entering a category number:  
(a) meals & beverages; (b) other entertainment expenditures; or (c) other expenditures [2-11-6 A (1) NMSA 1978]

Date	Name of Payee	Beneficiary	Type	Purpose for which made or incurred	Expenditure On Behalf Of	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
1/16/2019	Presbyterian Annual Legislative Appreciation Dinner La Posada	All Legislators and guests, Governor and Lt. Governor, cabinet secretaries, Presbyterian Board members, Regional Hospital Board members and senior leadership	\$25,284.25

Total Special Events \$25,284.25

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