

**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

**2012 LOBBYIST REPORTING FORM**

Report of Expenditures & Contributions

**FORM A**

**IDENTIFYING INFORMATION & FINANCIAL SUMMARY**

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

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

1.a	Name of Lobbyist	Telephone	Fax
b.	Address	City	State Zip
c.	If filing as lobbyist employer, the Employer's name Presbyterian Health Plan	Address P.O. Box 27489 Albuquerque NM 87125	Telephone # 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)		\$5,000.00	
f.	TOTAL EXPENDITURES (Incl. Forms B and C)			\$5,000.00
g.	TOTAL POLITICAL CONTRIBUTIONS (Form D)			\$14,300.00

I hereby swear to affirm under penalty of law that this statement is true, correct and complete to the best of my knowledge

\_\_\_\_\_  
(Signature of Lobbyist/Lobbyist Employer)

**NOTARY INFORMATION**

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

**(SEAL)**

\_\_\_\_\_  
(Signature of Notarial Officer)

My commission expires: \_\_\_\_\_

Report of Expenditures  
FORM B  
EXPENDITURES

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

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

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

Date	Type of Event & Location	Group(s) Invited	Total Expenses
10/31/2011	Los Ninos Gala Boys and Girls Club of Santa Fe	Boys and Girls Club of Santa Fe	\$5,000.00

Total Special Events \$5,000.00

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	Amount
9/30/2011	Phil Griego	\$1,000.00
9/30/2011	Debbie Rodella	\$1,000.00
9/30/2011	David C. Chavez	\$300.00
9/30/2011	Senate Democratic Political Action Committee	\$1,000.00
9/30/2011	Senate Republican Political Action Committee	\$1,000.00
9/30/2011	House Democratic Political Action Committee	\$1,000.00
9/30/2011	House Republican Political Action Committee	\$1,000.00
12/21/2011	Governor Susana Martinez Political Action Committe	\$2,000.00
9/30/2011	Speaker's Fund--Ben Lujan	\$1,000.00
9/30/2011	Timothy Jennings	\$1,000.00
9/30/2011	Ken Martinez	\$1,000.00
9/30/2011	Tom Taylor	\$1,000.00
9/30/2011	Michael Sanchez	\$1,000.00
9/30/2011	Stuart Ingle	\$1,000.00

Total Political Contributions \$14,300.00

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:	Presbyterian Health Plan
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