

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

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2011 FEB 28 PM 4:53

2011 LOBBYIST REPORTING FORM OFFICE OF SECRETARY OF STATE

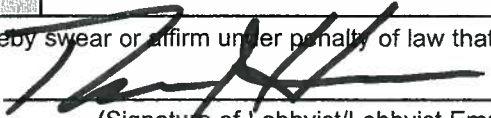
Report of Expenditures & Contributions

FORM A

IDENTIFYING INFORMATION & FINANCIAL SUMMARY

REPORT DUE: _____ January 15 <input checked="" type="checkbox"/> within 48 hours during session _____ May 1	
FILING AS A: _____ Lobbyist <input checked="" type="checkbox"/> Lobbyist Employer	
1. a. Name of Lobbyist	Telephone # Fax #
Thomas J Huran	505 255 6629 923 6141 505
b. Address	City State Zip
510 Laguna Blvd SW	Albuquerque NM 87104
c. If filing as a Lobbyist employer, the Employer's name	Address Telephone #
Presbyterian Health Plan	2501 Buena Vista SE Albuquerque NM 87125-6641
2. FINANCIAL SUMMARY (Cumulative)	
a. Total Meal and Beverage Expenses (incl. Form B)	\$
b. Total Other Entertainment Expenses (incl. Form B)	\$
c. Total Gift Expenses (incl. Form B)	\$
d. Total Other Expenses (incl. Form B)	\$
e. Total Special Event Expenses (Form C)	\$ 1000.00
f. TOTAL EXPENDITURES (incl. Forms B and C)	\$ 1000.00
g. TOTAL POLITICAL CONTRIBUTIONS (Form D)	\$

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



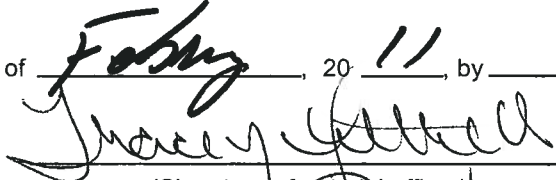
(Signature of Lobbyist/Lobbyist Employer)

NOTARY INFORMATION

State of New Mexico
County of Santa Fe

Subscribed and sworn to me this 28th day of February, 2011, by _____

(SEAL)



(Signature of notarial officer)
My commission expires 3/12

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 May 1

Date	Type of Event & Location	Group(s) Invited	Total Expenses
25 Feb 2011	100 Bill Party LaFonda	All Members of 2011 Legislature & Staff	1000 ⁰⁰

Total Special Events \$ 1000⁰⁰