



OFFICE OF THE SECRETARY OF STATE

Bureau of Elections, Ethics Administration
325 Don Gaspar, Suite 300, Santa Fe, New Mexico 87501
Phone: (505) 827-3600 Toll-Free: (800) 477-3632
Fax: (505) 827-8403

Lobbyist Registration Form

To register, complete this **Registration Form** and submit it with an **Authorization Form** from each employer and a **filing fee of \$50.00 per employer**. If your services for lobbying are voluntary (except for reimbursement of personal expenses) you do not need to submit a registration fee.

For each individual or entity that has employed you to lobby during this calendar year, provide the full name and address of the employer. This registration expires on December 31st of the registration year. If you are employed or retained by other employers after your initial registration, complete a **Supplemental Registration Form** together with an **Authorization Form** and a **\$50.00 filing fee**.

Expenditures and Contributions: If you make political contributions or incur expenditures during this calendar year, you will be required to file reports according to the regular lobbyist reporting schedule. **A report is due if there are expenditures or contributions during a reporting period.**

Part 1: Lobbyist Personal Information:

Registration Year _____

Last Name First Middle Name

Permanent Business Address City State Zip Telephone #

Business Address while Lobbying City State Zip Telephone #

Lobbyist Email Address

Part 2: Lobbyist Employer Information:

(Individuals, Businesses, Organizations or other Entities which have authorized you to lobby)

Employer #1:

Full Name of Employer (Individual or Entity)

Date services begin

Business Address or P.O. Box City State Zip Telephone #

Will you be making any expenditures & contributions? Yes No

Will you be compensated for lobbying? Yes No

For Internal Use Only: Check #	Date:
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Employer #2:

Full Name of Employer (Individual or Entity)

Date services begin

Business Address or P.O. Box

City

State

Zip

Telephone #

Will you be making any expenditures & contributions?

Yes

No

Will you be compensated for lobbying?

Yes

No

For Internal Use Only: Check # _____ Date: _____

Employer #3:

Full Name of Employer (Individual or Entity)

Date services begin

Business Address or P.O. Box

City

State

Zip

Telephone #

Will you be making any expenditures & contributions?

Yes

No

Will you be compensated for lobbying?

Yes

No

For Internal Use Only: Check # _____ Date: _____

Part 3: Harassment Training:

Do you or your authorized employer(s) have policies in place related to preventing harassment?

Yes

No

Have you been provided training related to harassment within the past 12 months?

Yes

No

Part 4: Signature of Lobbyist:

I hereby certify under the penalty of law that all the information provided is true, complete and correct to the best of my knowledge.

Attested this _____ day of _____, 20_____

Signature of Lobbyist

Printed Name