



OFFICE OF THE SECRETARY OF STATE

Bureau of Elections, Ethics Administration
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Lobbyist Supplemental Registration Form

For each individual or entity that has employed you to lobby during this calendar year, provide the full name and address of the employer. Expenditures and Contributions: If you will make political contributions or incur expenditures during this calendar year, check "Yes" below. You will then be responsible to file reports according to the regular lobbyist reporting schedule. A report is due if there are expenditures or contributions during a reporting period. If you do not make or incur any expenditures or contributions during the calendar year, check "No". Compensation: Indicate by checking "Yes" if you receive any compensation for lobbying.

Part 1: Lobbyist Personal Information:

Registration Year:

Last Name First Middle Name
Lobbyist Email Address

Part 2: Lobbyist Employer Information: (Individuals, Businesses, Organizations or other Entities which have authorized you to lobby)

Employer #1: [Box]
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 #2: [Box]
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 3: Signature of Lobbyist or Lobbyist Employer:

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