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 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:

_____
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:

_____
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:

_____
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: 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