



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:

Registration Year:

Last Name First Name Middle Name

Lobbyist Email Address

Part 2: Lobbyist Employer Information:

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

Employer #1:

[Empty box for Employer #1 registration year]

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 [ ]

Employer #2:

[Empty box for Employer #2 registration year]

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 [ ]

Employer #3:

[Empty box for Employer #3 registration year]

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

**Part 3: Harassment Training:**

(the following information is voluntary)

Do you or your authorized employer(s) have policies in place related to preventing harassment? Yes  No

Have you received training on harassment since the adjournment of the last legislative session? Yes  No

**Part 4: Method of Payment**

The fee is \$50.00 per lobbyist employer, if you are a compensated lobbyist. For example, if you have 3 employers for which you lobby, your registration fee is \$150.00 (\$50.00 x3).

Registration Fee Total

Number of employers  X \$50.00 \$

for which lobbyist is compensated

	Amount Enclosed	Check/Account number
Cash	<input type="text"/>	
Money order	<input type="text"/>	<input type="text"/>
Check	<input type="text"/>	<input type="text"/>
Prepaid Account	<input type="text"/>	<input type="text"/>

**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