

Office of the New Mexico Secretary of State

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2022 VOTER ACTION ACT QUALIFYING CONTRIBUTIONS LIST OF CONTRIBUTORS

Full Name of Applicant Candidate (Please Print)

Office Sought

Date: _____

Number of required signatures: _____

Number of signatures listed:

List of Contributors:

Name of Contributor	Address of Contributor
(as it appears on Voter Registration)	(as it appears on Voter Registration)
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*ADDITIONAL PAGES MAY BE INSERTED AS NEEDED	