

Office of the New Mexico Secretary of State

Ethics Division

325 Don Gaspar, Suite 300 Santa Fe, New Mexico 87501 Telephone: (800) 477-3632 or (505) 827-3600 Facsimile: (505) 827-8403

2022 VOTER ACTION ACT CANDIDATE CONTRIBUTION ACKNOWLEDGEMENT

Full Name of Applicant Candidate

(Please print)

Office Sought

Date: _____

l, ____ _____, candidate for ______ and an applicant candidate for public financing under the Voter Action Act hereby state that to the best of my knowledge, that the qualifying contributions submitted herewith were made during the designated qualifying period, obtained through efforts made with my knowledge and approval, and in compliance with 21-400 NMRA.

Candidate

NOTARY INFORMATION			
State of:			
[County] of:			
This record was acknowledged before me on		by	
<u> </u>	Date	/	Name(s) of Individual(s)
Signature of Notarial Officer			(Stamp)
[] Title of Office [New Mexico state bar identification number, jud number and of commission expiration:	icial district or a	rea, cour	nty or notary public commission
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