



Office of the City Clerk  
P.O. Box 1293  
Albuquerque, NM 87103  
Phone (505) 924-3650 Fax (505) 924-3660  
[www.cabq.gov/clerk](http://www.cabq.gov/clerk)

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## Measure Finance Committee Registration

A Measure Finance Committee (MFC) is a political committee, person or group that supports or opposes a candidate or ballot measure within the City of Albuquerque. Measure Finance Committees must register with the City Clerk, regardless of the group's registration as a PAC with another governmental entity. Measure Finance Committees must also file financial statements at the same times that candidates report.

Measure Finance Committees must register with the City Clerk within 5 days once they have raised or spent in excess of \$250 towards their purpose. Registration includes receiving the mandatory training for the online campaign finance reporting database. Measure Finance Committee representatives should also have identified a chairperson and treasurer at the time of registration.

**Please select one:**

☐ New Registration ☐ Update Existing Registration Date: \_\_\_\_\_

**A. COMMITTEE NAME:** \_\_\_\_\_

For Acronyms, spell out full committee name: \_\_\_\_\_

Mailing Address (P.O. Box or street address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone 1: \_\_\_\_\_ Telephone 2: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Statement of Purpose:** (Provide specific purpose for which political committee was organized)

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**B. TYPE OF COMMITTEE** (Please select one):

☐ Independent Expenditure ☐ Contribution or Coordination

☐ Mixed (independent & contribution/coordination) ☐ Other (please explain below)

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**C. SPONSORING ORGANIZATION(S): (if any)**

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**D. ASSOCIATED ORGANIZATION(S): (if any)**

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**E. CHAIRPERSON:** (A committee must appoint a Chairperson who is not the treasure)

Full Name of Committee Chairperson: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone 1: \_\_\_\_\_ Telephone 2: \_\_\_\_\_ Email Address: \_\_\_\_\_

**F. TREASURE:** (A committee must appoint and maintain a treasure)

Full Name of Committee Treasurer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone 1: \_\_\_\_\_ Telephone 2: \_\_\_\_\_ Email Address: \_\_\_\_\_

**G. OFFICIALS:** (if more than two, attach additional pages)

Full Name of Officer and Position Held: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone 1: \_\_\_\_\_ Telephone 2: \_\_\_\_\_ Email Address: \_\_\_\_\_

Full Name of Officer and Position Held: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone 1: \_\_\_\_\_ Telephone 2: \_\_\_\_\_ Email Address: \_\_\_\_\_

**H. BANK:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I, \_\_\_\_\_, hear by swear or affirm, under penalty of perjury under the laws of the State of New Mexico, that all the information on this form and any attachments is true, correct, and complete.

\_\_\_\_\_  
Chairperson or Treasure Signature

\_\_\_\_\_  
Date