



**City of Albuquerque**  
**Board of Ethics & Campaign Practices**

1. Complainant's Information			
Last Name	First Name		
Mailing Address	City	State	Zip Code
Daytime Phone Number (include area code)	Email Address		

Date	Time	Location	Description

3. Please provide all material facts regarding the real or potential conflict.

Additional space for details from #3. Attach documentation of the material facts listed in #2 to this form and mark each separate document with a separate exhibit number.