



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

Designation of Representatives

I, _____, a Candidate in the 2025 Regular Local Election, hereby designate the following individuals as representatives for my campaign. They are authorized to receive training from the Office of the City Clerk, to submit or pick up materials from the Office of the City Clerk regarding my candidacy, or to generally correspond with the Office of the City Clerk on my behalf.

I acknowledge that the individuals listed below are representatives of my campaign, and **I accept full responsibility** for the statements **they make and for the materials they submit** on behalf of my campaign.

(1) _____
Name of Representative

Title of Representative

Email of Representative

Phone Number of Representative

(2) _____
Name of Representative

Title of Representative

Email of Representative

Phone Number of Representative

(3) _____
Name of Representative

Title of Representative

Email of Representative

Phone Number of Representative

I, _____, hereby swear or affirm, under penalty of perjury under the laws of the State of New Mexico, that all the information on this uploaded form true and correct.

Candidate Signature

Date