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

Affidavit in Support of Nominating Petitions For _____, Candidate for City Councilor, District _____

State of New Mexico)
) ss.
County of Bernalillo)

I,_____, (printed name of individual) swear or affirm that the signatures on the nominating petitions, with pages numbered _____ through _____ are submitted on behalf of _____, candidate for City Councilor, District _____.

Signature of Candidate or Treasurer _____

Subscribed to before me this _____ day of _____, 2021,

by _____

Notary Public_____