



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

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### Measure Finance Committee Acknowledgment of Familiarity with Codes and Required Disclosures

I declare and acknowledge that I am familiar with the City Charter's Election Code, Rules and Regulations of the Board of Ethics and Campaign Practices relating to the Election Code of the City Charter as amended to date, and the 2021 Regulations of the Albuquerque City Clerk, and acknowledge receipt of same, and that notifications mailed or delivered at the address below will be deemed to have been received by me.

Name of Committee: \_\_\_\_\_

Address: \_\_\_\_\_ Albuquerque, NM \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

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

Secondary Contact: \_\_\_\_\_

I elect to receive notices from the Office of the City Clerk via email to the following address(es):

\_\_\_\_\_ and/or \_\_\_\_\_

I further declare and acknowledge that as a committee I must file **Eleven (11)** Disclosure Statements of Campaign Financing with the City Clerk as required by Section 4(c)2 of Article XIII of the City Charter no later than 5:00 p.m. on the following days. I will not be required to file a statement on days that occur prior to my intent to become a committee filed with the City Clerk.

First Statement:	Monday, April 12, 2021
Second Statement:	Monday, May 11, 2021
Third Statement:	Monday, June 14, 2021
Fourth Statement:	Monday, July 12, 2021
Fifth Statement:	Monday, August 9, 2021
Sixth Statement:	Monday, September 13, 2021
Seventh Statement:	Monday, October 11, 2021
Eighth Statement:	Monday, October 18, 2021
Ninth Statement:	Monday, October 25, 2021
Tenth Statement:	Monday, November 1, 2021
Eleventh Statement:	Thursday, December 2, 2021

**\*BEGINNING OCTOBER 29, 2021, COMMITTEES MUST REPORT CONTRIBUTIONS AND EXPENDITURES OVER \$500.00 BY 5:00 P.M. OF THE FOLLOWING DAY\***



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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 and correct and complete to the best of my knowledge.

\_\_\_\_\_  
Date