

Book No. _____

This is for official use only. If you'd like to number your books, please use the back of the receipt book.



CITY OF ALBUQUERQUE

Qualifying \$5 Campaign Contributions

Name of Representative

Representative Phone #

Please have the individual, paid or volunteer, write their name and phone number on the front of the book. Please make sure only one individual uses each book.

Below is important information for the individual, paid or volunteer, working as a representative for your campaign to collect Qualifying Contributions with the receipt book. Please be sure your representatives are aware of regulations regarding Qualifying Contributions in the Open and Ethical Election Code and the information provided below:

Notice to Representative Collecting Contribution/Circulator:

By signing this form you affirm that:

- 1) You collected the qualifying contribution;
- 2) To the best of your knowledge and belief, the signature of the contributor is the signature of the person whose name it purports to be;
- 3) The single \$5 contribution came from the personal funds of the contributor and;
- 4) You provided nothing of value to the contributor in exchange for their contribution and signature.

Aviso para el Representante que recibe la contribución/Circulador:

Al firmar este formulario, usted afirma que:

- 1) recibió la contribución para la cualificación;
- 2) a su leal saber y entender, la firma del contribuyente es la firma con el nombre de la persona que afirma ser;
- 3) la contribución única de 5 dólares salió de los fondos personales del contribuyente y;
- 4) usted no le entregó nada de valor al contribuyente a cambio de su contribución y de su firma.



CITY OF ALBUQUERQUE

Qualifying \$5 Contribution Receipt
Make \$5 cash or check payment made payable to the CAOEE* Fund.

*City of Albuquerque Open and Ethical Election Fund

Recibo de contribución de \$5 para cualificar
Efectúe el pago de 5 dólares en efectivo o con cheque pagadero a CAOEE Fund.

*Fondo para elecciones abiertas y éticas de la Ciudad de Albuquerque

The Name of the Candidate, and the Office the Candidate is running for must be filled out for the receipt to be approved. Most Campaigns fill this section out prior to giving receipt books out to representatives to circulate.

Name of Candidate (Please print)
Nombre del Candidato (Letra de molde)
Check one Mayor Council # _____
Marque uno Alcalde Concejel

Notice to Contributors:

Your signature and single contribution of \$5 will help the candidate named above to be eligible for public campaign financing from the City of Albuquerque.

By signing below, you affirm that you have used your personal funds to make this nonrefundable contribution and that you have received nothing of value in exchange for your signature and contribution.

Aviso a los contribuyentes:

Su firma y su contribución única de 5 dólares ayudarán al candidato nombrado más arriba a ser elegible para la financiación pública de su campaña por la Ciudad de Albuquerque.

Al firmar a continuación, usted afirma que ha usado sus fondos personales para hacer esta contribución no reembolsable y que no ha recibido nada de valor a cambio de su firma y de su contribución.

Each of these sections must be completed, legibly, within the time frame, and by a registered voter in good standing for the qualifying contribution to be verified by the City Clerk's Office.

Full Name as Registered to Vote (Please print)/Nombre completo como figura en el registro para votar (en letra de molde)

Street Address as Registered to Vote/Domicilio como figura en el registro para votar Zip Code/Código Postal

Signature of Contributor/ Firma del Contribuyente Date/ Fecha

Representative Collecting Contribution (Print Name) Representative Signature/ Firma del Representante
Representante que recibe la contribución (Letra de molde)

Amount Contributed \$5.00

Monto de la contribución \$5.00

By signing this form, I attest that the information provided is accurate and acknowledge that the information is subject to review by the Office of the City Clerk and may be subject to audit.
Al firmar este formulario, doy fe de que la información proporcionada es correcta y reconozco que la información está sujeta a revisión por parte de la Oficina del Secretario Municipal y puede estar sujeta a una auditoría.

If a contributor needs assistance to fill in these sections, the representative may assist with all the sections except for the Signature, which must be signed by the registered voter.

The representative, paid or volunteer, responsible for this book, must write their name and sign each receipt.

Please contact the City Clerk's Office at 505-924-3650 or cityclerk@cabq.gov with any questions or concerns.
Si tiene preguntas o preocupaciones, comuníquese con la Oficina del Secretario Municipal al 505-924-3650 o por correo electrónico a cityclerk@cabq.gov.

City Clerk (White) Candidate (Yellow) Contributor (Pink)
Secretario Municipal (Blanco) Candidato (Amarillo) Contribuyente (Rosa)

The White receipt must stay in the book and be returned to the City Clerk's Office with the corresponding contributions collected from each book every Tuesday. The Yellow receipt must be kept by the Campaign. The Pink receipt must be given to the contributor at the time of the contribution.