



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

Qualifying Contributions
On Behalf of _____, a candidate for
City Councilor, District _____

Please respond to only one of the options below and then affirm to the statement at the bottom of the page

I _____, an Applicant Candidate or Treasurer for an Applicant, hereby swear or affirm that the Qualifying Contribution Receipt Book(s) submitted to the City Clerk's Office today contain receipts that are complete, true and correct to the best of my knowledge and belief, that all the listed contributions were made with my knowledge and approval, that each book contains an equal number of signatures and Qualifying Contributions, and all contributors meet the voter registration requirements as to qualifying contributions to the best of my knowledge and belief.

I also swear or affirm that there is a corresponding \$5.00 contribution for each and every contributor who signed a receipt.

Or,

I _____, an Applicant Candidate or Treasurer for an Applicant, hereby swear or affirm that I have no qualifying contribution receipt books to submit this week.

And,

I, _____, hereby swear or affirm, under penalty of perjury under the laws of the State of New Mexico, that all the information on the uploaded form and on any attachments is true, correct, and complete, to the best of my knowledge.

Date