

Date

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
	<u>Mayor</u>
Please respond to only one of the options below and then affirm to the statement at the bottom of the page	
the City Clerk's Office today contain recei my knowledge and belief, that all the listed approval, that each book contains an equal	, an Applicant Candidate or Treasurer for an Qualifying Contribution Receipt Book(s) submitted to ipts that are complete, true and correct to the best of d contributions were made with my knowledge and number of signatures and Qualifying Contributions, ation requirements as to qualifying contributions to the
I also swear or affirm that there is a correscontributor who signed a receipt.	ponding \$5.00 contribution for each and every
<u>Or.</u>	
IApplicant, hereby swear or affirm that I hat this week.	, an Applicant Candidate or Treasurer for an ave no qualifying contribution receipt books to submit
And,	
I,, hereby swe the State of New Mexico, that all the informs is true, correct, and complete, to the best of	ear or affirm, under penalty of perjury under the laws of mation on the uploaded form and on any attachments of my knowledge.

