

# CANDIDATE CAMPAIGN COMMITTEE REGISTRATION

## OFFICE OF THE SECRETARY OF STATE

325 Don Gaspar, Suite 300 Santa Fe, NM 87501

Telephone: (505) 827-3600

Email: sos.ethics@state.nm.us

**Instructions:** All fields are required and must be completed with current information. The information provided on this form will be used by the Office of the Secretary of State (SOS) to provide access to the electronic reporting system, the Campaign Finance Information System (CFIS). An email with CFIS login information will be sent to the primary email address provided, if the email isn't received within five (5) days of submitting this form, please contact the SOS for further assistance. The candidate and/or treasurer are required to ensure that all information in CFIS is updated and current.

**CANDIDATE NAME:** \_\_\_\_\_

OFFICE: \_\_\_\_\_ DISTRICT/DIVISION: \_\_\_\_\_

ELECTION YEAR: \_\_\_\_\_ PARTY AFFILIATION: \_\_\_\_\_

### CAMPAIGN COMMITTEE MAILING ADDRESS

Residential or P.O. Box: \_\_\_\_\_

City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone 1: \_\_\_\_\_ Telephone 2: \_\_\_\_\_

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

Campaign Committee Email: \_\_\_\_\_  
*(Primary email address used to setup CFIS account login)*

Name of Bank: \_\_\_\_\_ Address of Bank: \_\_\_\_\_  
*(Where campaign committee bank account is maintained)*

### TREASURER INFORMATION

Treasurer's Name: \_\_\_\_\_

Treasurer's Mailing Address: \_\_\_\_\_

City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Treasurer's Email: \_\_\_\_\_ Treasurer's Telephone: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Candidate or Treasurer*

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

My commission expires: \_\_\_\_\_