



Secretary of State

Office of the New Mexico Secretary of State
Ethics Division

325 Don Gaspar, Suite 300
Santa Fe, New Mexico 87501
Telephone: (800) 477-3632 or (505) 827-3600
Facsimile: (505) 827-8403

2018 VOTER ACTION ACT SEED MONEY REPORT

Full Name of Applicant Candidate (Please print)

Office Sought

Date:

Seed Money Contributions:

Table with 4 columns: Name of Contributor, Address of Contributor, Contribution Date, Contribution Amount. Rows 1-25 and a Total row.

*ADDITIONAL PAGES MAY BE INSERTED AS NEEDED

2018 VOTER ACTION ACT SEED MONEY REPORT

Full Name of Applicant Candidate **(Please print)**

Office Sought

Date: _____

Seed Money Expenditures:

Name of Payee	Address of Payee	Expenditure Date	Expenditure Amount
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
Total			

***ADDITIONAL PAGES MAY BE INSERTED AS NEEDED**

**ADDITIONAL PAGES OF THE SEED MONEY EXPENDITURE AND CONTRIBUTION REPORTS
MAY BE INSERTED AS NEEDED AND INCLUDED AS ONE REPORT CERTIFIED BELOW**

PLEASE INDICATE THE TOTAL NUMBER OF PAGES INCLUDED IN THIS SEED MONEY REPORT

NUMBER OF PAGES: _____

SEED MONEY REPORT CERTIFICATION

I hereby swear or affirm under penalty of law that all the information contained in preceding forms is true, correct and complete to the best of my knowledge.

Attested this _____ day of _____, 20____

Candidate

NOTARY INFORMATION

State of: _____ County: _____

Subscribed and sworn to before me this _____ day of _____, 20____, by _____.

(SEAL)

Notary Public

My commission expires: _____