

# POLITICAL COMMITTEE REGISTRATION FORM

## OFFICE OF THE SECRETARY OF STATE

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The Campaign Reporting Act ("Act") defines a political committee, in general, to mean two or more persons other than a candidate's campaign committee who are selected, appointed, chosen, associated, organized or operated primarily for a political purpose that is, to influence or attempt to influence an election. The term political committee includes political action committees and similar organizations composed of employees or members of any corporation, labor organization, trade or professional association or any other similar group that raises, collects, expends or contributes money or any other thing of value for a political purpose. The Act requires that political committees register with the Secretary of State within ten days of receiving or spending more than \$500.00 in a calendar year. A onetime registration fee of \$50.00 is required.

**Please select one:**

New Registration

Information Update

Date: \_\_\_\_\_

**A. COMMITTEE NAME:** \_\_\_\_\_

For Acronyms, spell out full committee name: \_\_\_\_\_

Mailing Address (P.O. Box or street address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone 1: \_\_\_\_\_ Telephone 2: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Statement of Purpose:** (Provide specific purpose for which the political committee was organized) \_\_\_\_\_

**B. TYPE OF COMMITTEE (please select one):**

Independent expenditure

Contribution or coordination

Mixed (independent & contribution/coordination)

Other (please explain below)

**C. SPONSORING ORGANIZATION(S):** (if any)

\_\_\_\_\_  
\_\_\_\_\_

**D. ASSOCIATED ORGANIZATION(S):** (if any)

\_\_\_\_\_  
\_\_\_\_\_

**E. TREASURER:** (A committee must appoint and maintain a treasurer)

Full Name of Committee Treasurer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**F. OFFICERS:** (if more than two, attach additional pages)

Full name of officer and position held: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone 1: \_\_\_\_\_ Telephone 2: \_\_\_\_\_ Email Address: \_\_\_\_\_

Full name of officer and position held: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone 1: \_\_\_\_\_ Telephone 2: \_\_\_\_\_ Email Address: \_\_\_\_\_

**D. BANK:** (Financial institution must be located in the State of New Mexico)

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CERTIFICATION:** I hereby swear or affirm under penalty of law that all the information on this form is true, correct and complete to the best of my knowledge.

\_\_\_\_\_

Signature of Treasurer or appointed officer

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

\_\_\_\_\_

(Notary Public)

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