

POLITICAL COMMITTEE REGISTRATION FORM

OFFICE OF THE SECRETARY OF STATE

325 Don Gaspar, Suite 300 Santa Fe, NM 87501

Telephone: (505) 827-3600

Email: sos.elections@state.nm.us

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:

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: _____