



Secretary of State

Office of the New Mexico Secretary of State
Ethics Division

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2016 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

2016 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.			
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11.			
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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: _____