

MEASURE FINANCE COMMITTEE REGISTRATION FORM



OFFICE OF THE CITY CLERK

Plaza Del Sol, 600 2nd St. NW, Ste 720

Telephone: (505) 724-3650

Email: cityclerk@cabq.gov

A Measure Finance Committee is a political committee, person or group that supports or opposes a candidate or ballot measure within the City of Albuquerque. Measure Finance Committees must register with the City Clerk, regardless of the group's registration as a PAC with another governmental entity. Measure Finance Committees must also file financial statements at the same times that candidates report.

Measure Finance Committees need to register with the City Clerk within 5 days once they have raised or spent in excess of \$250 towards their purpose. Registration includes receiving the mandatory training for the online campaign finance reporting database. Measure Finance Committee representatives should also have identified a chairperson and treasurer at the time of registration.

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. OFFICIALS: (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: _____

I, _____, hereby swear or affirm, under penalty of perjury under the laws of the State of New Mexico, that all the information on the uploaded form and on any attachments is true, correct, and complete, to the best of my knowledge.

Date _____