



MIDDLE RIO GRANDE CONSERVANCY DISTRICT

1931 SECOND STREET SW ♦ ALBUQUERQUE, NEW MEXICO 87102 ♦ Phone: (505) 247-0234 / (505) 247-0235 ♦ Fax: (505) 243-7308

CANDIDATE FORM A

REPORT OF EXPENDITURES AND CONTRIBUTIONS 2018-2019

OFFICIAL TIME STAMP

1. FILING DEADLINES (check the report being filed)

- April 25, 2019 before 5:00 pm
- May 24, 2019 before 5:00 pm
- July 1, 2019 before 5:00 pm

2. FULL NAME OF CANDIDATE

First: _____

Middle: _____

Last: _____

Jr. Sr.

3. OFFICE SOUGHT OR HELD _____

4. CANDIDATE’S MAILING ADDRESS

Address: _____

City: _____ State: _____ Zip Code: _____

5. FINANCIAL SUMMARY

A. Opening Balance for reporting period (zero “O” if first report)	\$
B. Total Monetary Contribution for this reporting period (FORM B)	\$
C. Total Expenditures for this reporting period (FORM C)	\$
D. CLOSING BALANCE for this reporting period (a plus b) minus c	\$



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CANDIDATE FORM B2 IN-KIND CONTRIBUTIONS

REPORT OF EXPENDITURES AND CONTRIBUTIONS 2018-2019

(Please copy this form as necessary and provide all information requested, in chronological order.)

FULL NAME OF CANDIDATE

First: _____

Middle: _____

Last: _____

Jr. Sr.

DATE	NAME AND ADDRESS OF CONTRIBUTOR	OCCUPATION <small>(of any contributor who makes an in-kind contribution of \$250 or more in an election)</small>	ESTIMATED VALUE
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
TOTAL			\$



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CANDIDATE FORM B3 LOAN CONTRIBUTIONS

REPORT OF EXPENDITURES AND CONTRIBUTIONS 2018-2019

(Please copy this form as necessary and provide all information requested, in chronological order.)

FULL NAME OF CANDIDATE

First: _____

Middle: _____

Last: _____

Jr. Sr.

DATE	NAME AND ADDRESS OF CONTRIBUTOR	APR %	AMOUNT
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
TOTAL			\$



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CANDIDATE FORM B4 DEPT/LOAN FORGIVEN

REPORT OF EXPENDITURES AND CONTRIBUTIONS 2018-2019

(Please copy this form as necessary and provide all information requested, in chronological order.)

FULL NAME OF CANDIDATE

First: _____

Middle: _____

Last: _____

Jr. Sr.

DATE	NAME AND ADDRESS OF CONTRIBUTOR	APR %	AMOUNT
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
TOTAL			\$

