



Secretary of State

**Office of the New Mexico Secretary of State
Ethics Division**

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**2020 VOTER ACTION ACT QUALIFYING CONTRIBUTIONS
LIST OF CONTRIBUTORS**

Full name of Applicant Candidate (Please print) _____ Office Sought _____

Date: _____
 Number of signatures required: _____ Number of signatures listed: _____

List of Contributors:

Name of Contributor (as it appears on Voter Registration)	Address of Contributor (as it appears on Voter Registration)
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***ADDITIONAL PAGES MAY BE INSERTED AS NEEDED**