

State of New Mexico
 Office of the Secretary of State
 Ethics Administration
 325 Don Gaspar Suite 300
 Santa Fe, New Mexico 87503
 (800) 477-3632/(505) 827-3600

SECRETARY OF STATE

Dianna J. Duran

Report of Expenditures and Contributions

Political Committee

FORM A

Apr, 2014

Political Committee's Name Black Political Action Committee

Date Submitted: 4/15/2014 10:46:38 PM Date Run: 4/15/2014 10:46:38 PM Date Due: 4/14/2014 5:00:00 PM

1. FILING DEADLINES (Check the box that indicates the report being filled)	
<input checked="" type="checkbox"/> 4/14/2014 Before 5PM	

3.	Political Committee Complete Name Black Political Action Committee		
	Mailing Address PO Box 27714	City, State & Zip Code Albuquerque, NM 87125	
	Phone # (505) 463-5063	Fax #	
4.	Name of President/Chairperson, if any, or Contact Person	Phone #	Fax #
	Mailing Address	City, State, Zip Code	Fax #
5.	Full Name of Treasurer Hill, Marilyn	Phone # (505) 463-5063	
	Mailing Address PO Box 27714	City, State, Zip Code Albuquerque, NM 87125	Fax #
	Name & Street Address of Financial Institution Where bank account is maintained (Bank Account Located in New Mexico) Bank of America. 303 Roma NW, Albuquerque, NM 87102		

6.	FINANCIAL SUMMARY		
a.	OPENING BALANCE for reporting period ("0" if first report, or CLOSING BALANCE FROM LAST REPORT)		\$2,934.18
b.	Total Monetary Contribution this Reporting Period (Form B1 + Form B3)		\$0.00
c.	Total Expenditures this Reporting Period (Form C + Form C1)		\$273.43
d.	Closing Balance this Reporting Period (6a + 6b - 6c)		\$2,660.75
e.	Total Loans To the Committee this Reporting Period (Form A1)		\$0.00
f.	Total unpaid Campaign Debt (Form A1)		\$0.00
g.	Total In-Kind Contributions this Reporting Period (Form B 2)		\$0.00
7.	Special Event Work sheet Attached	Yes X No	

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1.	TOTAL DEBT CARRIED FORWARD	\$0.00
2.	TOTAL LOAN CONTRIBUTIONS	\$0.00
3.	TOTAL DEBT PAID	\$0.00
4.	TOTAL LOANS FORGIVEN	\$0.00
5.	TOTAL UNPAID DEBT	\$0.00

CERTIFICATION OF REPORT

I here by swear or affirm, under penalty of perjury, that all the information on this form and any attachments is true correct and complete to the best of my knowledge; and I further swear or affirm that if this is a final report the political committee named herein has been dissolved or no longer exists and that the committee bank account has been closed.



Attested this _____ day of _____,

(Signature of Treasurer)

(Printed Name)

FORM B 1
MONETARY CONTRIBUTIONS

Political Committee's Name Black Political Action Committee

Date Submitted: 4/15/2014 10:46:38 PM Date Run: 4/15/2014 10:46:38 PM Date Due: 4/14/2014 5:00:00 PM

DATE	NAME and ADDRESS of CONTRIBUTOR	OCCUPATION (of any contributor who makes a contribution of \$250 or more in an election)	AMOUNT
TOTAL			

FORM B 2
IN-KIND CONTRIBUTIONS

Political Committee's Name Black Political Action Committee

Date Submitted: 4/15/2014 10:46:38 PM Date Run: 4/15/2014 10:46:38 PM Date Due: 4/14/2014 5:00:00 PM

DATE	NAME and ADDRESS of CONTRIBUTOR	OCCUPATION (of any contributor who makes a contribution of \$250 or more in an election)	VALUE
TOTAL			

FORM B 3
LOAN CONTRIBUTIONS

Political Committee's Name Black Political Action Committee

Date Submitted: 4/15/2014 10:46:38 PM Date Run: 4/15/2014 10:46:38 PM Date Due: 4/14/2014 5:00:00 PM

DATE	NAME and ADDRESS of CREDITOR	AMOUNT
TOTAL		

FORM B 4
LOANS FORGIVEN

Political Committee's Name Black Political Action Committee

Date Submitted: 4/15/2014 10:46:38 PM Date Run: 4/15/2014 10:46:38 PM Date Due: 4/14/2014 5:00:00 PM

DATE	NAME and ADDRESS of CREDITOR	AMOUNT
TOTAL		

FORM C
EXPENDITURES

Political Committee's Name Black Political Action Committee

Date Submitted: 4/15/2014 10:46:38 PM Date Run: 4/15/2014 10:46:38 PM Date Due: 4/14/2014 5:00:00 PM

DATE	NAME and ADDRESS of PAYEE	PURPOSE	PRC Exp	AMOUNT
2/19/2014	Marilyn Hill - po Box 1014, Corrales NM 87048	reimbursement for PO Box fee		\$82.00
1/23/2014	Peoples Flowers - 3520 Candelaria, Albuquerque NM 87107	sympathy flowers		\$191.43
TOTAL				\$273.43

FORM C 1
LOAN REPAYMENTS

Political Committee's Name Black Political Action Committee

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DATE	NAME of CREDITOR	AMOUNT
TOTAL		

