

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

May, 2014

Political Committee's Name PAC 22

Date Submitted: 5/28/2014 11:54:23 AM Date Run: 5/28/2014 11:54:23 AM Date Due: 5/29/2014 5:00:00 PM

1. FILING DEADLINES (Check the box that indicates the report being filled)	
4/14/2014 Before 5PM	<input type="checkbox"/>
5/12/2014 Before 5PM	<input type="checkbox"/>
X 5/29/2014 Before 5PM	<input checked="" type="checkbox"/>

3.	Political Committee Complete Name PAC 22		
	Mailing Address 2016 W. University Drive	City, State & Zip Code Portales, NM 88130	
	Phone # (505) 276-8366	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 Sanders, Carolyn	Phone # (575)276-8368	
	Mailing Address 951 NM 88	City, State, Zip Code Portales, NM 88130-9664	Fax #
	Name & Street Address of Financial Institution Where bank account is maintained (Bank Account Located in New Mexico) James Polk Stone Community Bank. 109 E. 2nd St., P.O. Box 888, Portales, NM 88130-0888		

6.	FINANCIAL SUMMARY	
a.	OPENING BALANCE for reporting period ("0" if first report, or CLOSING BALANCE FROM LAST REPORT)	\$23,188.47
b.	Total Monetary Contribution this Reporting Period (Form B1 + Form B3)	\$0.00
c.	Total Expenditures this Reporting Period (Form C + Form C1)	\$3.20
d.	Closing Balance this Reporting Period (6a + 6b - 6c)	\$23,185.27
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	

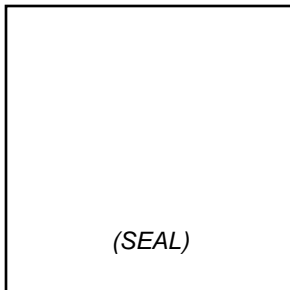
Political Committee's Name PAC 22

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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 PAC 22

Date Submitted: 5/28/2014 11:54:23 AM Date Run: 5/28/2014 11:54:23 AM Date Due: 5/29/2014 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 PAC 22

Date Submitted: 5/28/2014 11:54:23 AM Date Run: 5/28/2014 11:54:23 AM Date Due: 5/29/2014 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 PAC 22

Date Submitted: 5/28/2014 11:54:23 AM Date Run: 5/28/2014 11:54:23 AM Date Due: 5/29/2014 5:00:00 PM

DATE	NAME and ADDRESS of CREDITOR	AMOUNT
TOTAL		

FORM B 4
LOANS FORGIVEN

Political Committee's Name PAC 22

Date Submitted: 5/28/2014 11:54:23 AM Date Run: 5/28/2014 11:54:23 AM Date Due: 5/29/2014 5:00:00 PM

DATE	NAME and ADDRESS of CREDITOR	AMOUNT
TOTAL		

FORM C
EXPENDITURES

Political Committee's Name PAC 22

Date Submitted: 5/28/2014 11:54:23 AM Date Run: 5/28/2014 11:54:23 AM Date Due: 5/29/2014 5:00:00 PM

DATE	NAME and ADDRESS of PAYEE	PURPOSE	PRC Exp	AMOUNT
5/6/2014	James Polk Stone Community Bank - P.O. Box 888, Portales NM 88130	Paper Statement Fees		\$3.20
TOTAL				\$3.20

FORM C 1
LOAN REPAYMENTS

Political Committee's Name PAC 22

Date Submitted: 5/28/2014 11:54:23 AM Date Run: 5/28/2014 11:54:23 AM Date Due: 5/29/2014 5:00:00 PM

DATE	NAME of CREDITOR	AMOUNT
TOTAL		

