

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

Report of Expenditures and Contributions

Political Committee

FORM A

Jul, 2018

Political Committee's Name PAC 22

Date Submitted: 7/5/2018 1:55:07 PM Date Run: 7/5/2018 1:55:07 PM Date Due: 7/5/2018 11:59:00 PM

1. FILING DEADLINES (Check the box that indicates the report being filled)	
4/9/2018 Before 5PM	<input type="checkbox"/> 7/5/2018 Before 5PM
5/14/2018 Before 5PM	
5/31/2018 Before 5PM	

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 Miller, Julie	Phone # 5757600526	
	Mailing Address P.O. Box 1001	City, State, Zip Code Portales, NM 88130	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)	\$21,419.61	
b.	Total Monetary Contribution this Reporting Period (Form B1 + Form B3)	\$2,000.00	
c.	Total Expenditures this Reporting Period (Form C + Form C1)	\$0.00	
d.	Closing Balance this Reporting Period (6a + 6b - 6c)	\$23,419.61	
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

FORM B 1
MONETARY CONTRIBUTIONS

Political Committee's Name PAC 22

Date Submitted: 7/5/2018 1:55:07 PM Date Run: 7/5/2018 1:55:07 PM Date Due: 7/5/2018 11:59:00 PM

DATE	NAME and ADDRESS of CONTRIBUTOR	OCCUPATION (of any contributor who makes a contribution of \$250 or more in an election)	AMOUNT
6/7/2018	Presbyterian Health Plan - P.O. Box 27489, Albuquerque NM 87125-7489 MEMO: Brandon Fryar, President	Health Plan	\$2,000.00
TOTAL			\$2,000.00

FORM B 2
IN-KIND CONTRIBUTIONS

Political Committee's Name PAC 22

Date Submitted: 7/5/2018 1:55:07 PM Date Run: 7/5/2018 1:55:07 PM Date Due: 7/5/2018 11:59:00 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: 7/5/2018 1:55:07 PM Date Run: 7/5/2018 1:55:07 PM Date Due: 7/5/2018 11:59:00 PM

DATE	TRANSFER DATE	NAME and ADDRESS of CREDITOR	AMOUNT
TOTAL			

FORM B 4
LOANS FORGIVEN

Political Committee's Name PAC 22

Date Submitted: 7/5/2018 1:55:07 PM Date Run: 7/5/2018 1:55:07 PM Date Due: 7/5/2018 11:59:00 PM

DATE	NAME and ADDRESS of CREDITOR	AMOUNT
TOTAL		

FORM C
EXPENDITURES

Political Committee's Name PAC 22

Date Submitted: 7/5/2018 1:55:07 PM Date Run: 7/5/2018 1:55:07 PM Date Due: 7/5/2018 11:59:00 PM

DATE	NAME and ADDRESS of PAYEE	PURPOSE	PRC Exp	AMOUNT
TOTAL				

FORM C 1
LOAN REPAYMENTS

Political Committee's Name PAC 22

Date Submitted: 7/5/2018 1:55:07 PM Date Run: 7/5/2018 1:55:07 PM Date Due: 7/5/2018 11:59:00 PM

DATE	NAME of CREDITOR	AMOUNT
TOTAL		

