

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

Campaign Reporting Act
Report of Expenditures and Contributions

Official Time Stamp

Candidate

FORM A

2011

Candidate's Name Davis, Joel

Date Submitted: 9/6/2011 9:52:58 AM Date Run: 9/6/2011 9:52:58 AM Date Due: 4/11/2011 5:00:00 PM

1. FILING DEADLINES (Check the box that indicates the report being filled)		2. Filing Officer
<input checked="" type="checkbox"/> 4/11/2011 Before 5PM <input type="checkbox"/> 10/11/2011 Before 5PM		<input checked="" type="checkbox"/> Secretary Of State <input type="checkbox"/> County Clerk <input type="checkbox"/> Sandoval <hr style="width: 80%; margin-left: 0;"/> County Name

3.	Full name of Candidate Davis, Joel	Office Sought or Held State Representative - District 44 - Sandoval
	Mailing Address PO Box 45318	City, State & Zip Code Rio Rancho, NM 87174
	Phone # 505-331-8262	Fax #
4.	Full name of Campaign Committee Committee to Elect Joel Davis	Phone # 505-331-8262
	Mailing Address P. O. Box 45318	City, State, Zip Code Rio Rancho, NM 87174
		Fax #
5.	Full Name of Treasurer Buckner, Thomas	Phone # 505-331-8262
	Mailing Address PO Box 45318	City, State, Zip Code Rio Rancho, NM 87174
		Fax #
	Name & Street Address of Financial Institution Where bank account is maintained (Bank Account Located in New Mexico) New Mexico Bank & Trust. P O Box 1048, Albuquerque, NM 87103-1048	

6.	FINANCIAL SUMMARY	
a.	OPENING BALANCE for reporting period ("0" If first report, or CLOSING BALANCE FROM LAST REPORT)	\$311.25
b.	Total Monetary Contribution this Reporting Period (Form B1 + Form B3)	\$0.00
c.	Total Expenditures this Reporting Period (Form C + Form C1)	\$300.00
d.	Closing Balance this Reporting Period (6a + 6b - 6c)	\$11.25
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

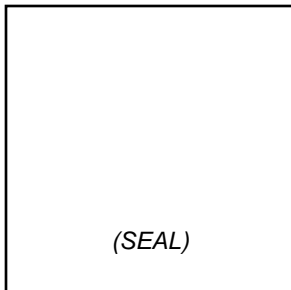
Candidate's Name Davis, Joel

Date Submitted: 9/6/2011 9:52:58 AM Date Run: 9/6/2011 9:52:58 AM Date Due: 4/11/2011 5:00:00 PM

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 candidate 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)

NOTARY INFORMATION

State of _____, County _____

Subscribed and sworn to before me this _____ day of _____, 2010

Date Commission Expires: _____

(Signature of Notary Public)

FORM B 1
MONETARY CONTRIBUTIONS

Candidate's Name Davis, Joel

Date Submitted: 9/6/2011 9:52:58 AM Date Run: 9/6/2011 9:52:58 AM Date Due: 4/11/2011 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

Candidate's Name Davis, Joel

Date Submitted: 9/6/2011 9:52:58 AM Date Run: 9/6/2011 9:52:58 AM Date Due: 4/11/2011 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

Candidate's Name Davis, Joel

Date Submitted: 9/6/2011 9:52:58 AM Date Run: 9/6/2011 9:52:58 AM Date Due: 4/11/2011 5:00:00 PM

DATE	NAME and ADDRESS of CREDITOR	AMOUNT
TOTAL		

FORM B 4
LOANS FORGIVEN

Candidate's Name Davis, Joel

Date Submitted: 9/6/2011 9:52:58 AM Date Run: 9/6/2011 9:52:58 AM Date Due: 4/11/2011 5:00:00 PM

DATE	NAME and ADDRESS of CREDITOR	AMOUNT
TOTAL		

FORM C
EXPENDITURES

Candidate's Name Davis, Joel

Date Submitted: 9/6/2011 9:52:58 AM Date Run: 9/6/2011 9:52:58 AM Date Due: 4/11/2011 5:00:00 PM

DATE	NAME and ADDRESS of PAYEE	PURPOSE	PRC Exp	AMOUNT
1/3/2011	SM Cubed - 10735 Hatch Dr., NW, Albuquerque NM 87114	Consulting		\$300.00
TOTAL				\$300.00

FORM C 1
LOAN REPAYMENTS

Candidate's Name Davis, Joel

Date Submitted: 9/6/2011 9:52:58 AM Date Run: 9/6/2011 9:52:58 AM Date Due: 4/11/2011 5:00:00 PM

DATE	NAME of CREDITOR	AMOUNT
TOTAL		

