

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



Campaign Reporting Act Report of Expenditures and Contributions

Candidate

FORM A

2016

Candidate's Name Tripp, Don

Date Submitted: 11/4/2016 3:58:50 PM Date Run: 11/4/2016 3:58:50 PM Date Due: 11/7/2016 12:00:00 PM

1. FILING DEADLINES (Check the box that indicates the report being filled)		2. Filing Officer	
<input type="checkbox"/> 6/6/2016 Before 5PM <input checked="" type="checkbox"/> 11/7/2016 Before 5PM		<input checked="" type="checkbox"/> Secretary Of State <input type="checkbox"/> County Clerk <input type="checkbox"/> ALL	<hr style="border: none; border-top: 1px solid black;"/> County Name
3.	Full name of Candidate Tripp, Don	Office Sought or Held State Representative - District 49 - ALL	
	Mailing Address 633 Newberry Rd	City, State & Zip Code Socorro, NM 87801	
	Phone # (575) 835-2465	Fax #	
4.	Full name of Campaign Committee	Phone # (575) 835-2461	
	Mailing Address	City, State, Zip Code	Fax #
5.	Full Name of Treasurer Santomenna, Luana	Phone # (575) 835-2461	
	Mailing Address Po Box 1369	City, State, Zip Code Socorro, NM 87801	Fax #
	Name & Street Address of Financial Institution Where bank account is maintained (Bank Account Located in New Mexico) First State Bank. PO Box Z, Socorro, NM 87801		

6.	FINANCIAL SUMMARY		
a.	OPENING BALANCE for reporting period (*0* If first report, or CLOSING BALANCE FROM LAST REPORT)	\$0.00	
b.	Total Monetary Contribution this Reporting Period (Form B1 + Form B3)	\$4,000.00	
c.	Total Expenditures this Reporting Period (Form C + Form C1)	\$0.00	
d.	Closing Balance this Reporting Period (6a + 6b - 6c)	\$4,000.00	
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	

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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

Candidate's Name Tripp, Don

Date Submitted: 11/4/2016 3:58:50 PM Date Run: 11/4/2016 3:58:50 PM Date Due: 11/7/2016 12:00:00 PM

DATE	NAME and ADDRESS of CONTRIBUTOR	OCCUPATION (of any contributor who makes a contribution of \$250 or more in an election)	AMOUNT
11/4/2016	Maurice Bonal - 685 Callecita Pecos, Santa Fe NM 87505	Lobbyist	\$500.00
11/4/2016	NM Health PAC - 7471 Pan American FWY NE, Albuquerque NM 87109	Health care	\$1,000.00
11/4/2016	Takeda Pharmaceuticals - One Takeda Parkway, Deerfield IL 60015	pharmaceutical	\$1,500.00
11/4/2016	Health Care Services - 300 East Randolf St., Chicago IL 60601	Health care	\$1,000.00
TOTAL			\$4,000.00

FORM B 2
IN-KIND CONTRIBUTIONS

Candidate's Name Tripp, Don

Date Submitted: 11/4/2016 3:58:50 PM Date Run: 11/4/2016 3:58:50 PM Date Due: 11/7/2016 12:00:00 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 Tripp, Don

Date Submitted: 11/4/2016 3:58:50 PM Date Run: 11/4/2016 3:58:50 PM Date Due: 11/7/2016 12:00:00 PM

DATE	LOAN TRANSFER DATE	TRANSFER DATE	NAME and ADDRESS of CREDITOR	AMOUNT
TOTAL				

FORM B 4
LOANS FORGIVEN

Candidate's Name Tripp, Don

Date Submitted: 11/4/2016 3:58:50 PM Date Run: 11/4/2016 3:58:50 PM Date Due: 11/7/2016 12:00:00 PM

DATE	NAME and ADDRESS of CREDITOR	AMOUNT
TOTAL		

FORM C
EXPENDITURES

Candidate's Name Tripp, Don

Date Submitted: 11/4/2016 3:58:50 PM Date Run: 11/4/2016 3:58:50 PM Date Due: 11/7/2016 12:00:00 PM

DATE	NAME and ADDRESS of PAYEE	PURPOSE	PRC Exp	AMOUNT
TOTAL				

FORM C 1
LOAN REPAYMENTS

Candidate's Name Tripp, Don

Date Submitted: 11/4/2016 3:58:50 PM Date Run: 11/4/2016 3:58:50 PM Date Due: 11/7/2016 12:00:00 PM

DATE	NAME of CREDITOR	AMOUNT
TOTAL		

