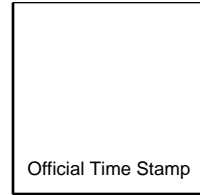


State of New Mexico
Office of the Secretary of State
Ethics Administration
325 Don Gaspar Suite 300
Santa Fe, New Mexico 87503
(800) 477-3632/(505) 827-3600

SECRETARY OF STATE



Campaign Reporting Act Report of Expenditures and Contributions

Candidate

FORM A

2018

Candidate's Name Mast, Bill

Date Submitted: 11/25/2018 4:05:55 PM Date Run: _____ Date Due: 12/6/2018 11:59:00 PM

1. FILING DEADLINES (Check the box that indicates the report being filled)			2. Filing Officer
4/9/2018 Before 5PM	7/5/2018 Before 5PM	11/1/2018 Before 5PM	<input checked="" type="checkbox"/> Secretary Of State County Clerk <u>Sandoval</u> _____ County Name
5/14/2018 Before 5PM	9/10/2018 Before 5PM	<input checked="" type="checkbox"/> 12/6/2018 Before 5PM	
5/31/2018 Before 5PM	10/8/2018 Before 5PM		

3.	Full name of Candidate Mast, Bill	Office Sought or Held Magistrate Judge - Sandoval
	Mailing Address PO Box 1703	City, State & Zip Code Bernalillo, NM 87004
	Phone # (505) 867-3059	Fax #
4.	Full name of Campaign Committee	Phone # (505) 867-3059
	Mailing Address	City, State, Zip Code Fax #
5.	Full Name of Treasurer Chavez, Patricia	Phone # (505) 867-3059
	Mailing Address PO Box 1703	City, State, Zip Code Bernalillo, NM 87004 Fax #
	Name & Street Address of Financial Institution Where bank account is maintained (Bank Account Located in New Mexico) US Bank. 388 W Hwy 550, Bernalillo, NM 87004	

6.	FINANCIAL SUMMARY	
a.	OPENING BALANCE for reporting period ("0" if first report, or CLOSING BALANCE FROM LAST REPORT) Total Supplemental Contributions	\$0.00
b.	Total Monetary Contribution this Reporting Period (Form B1 + Form B3)	\$0.00
c.	Total Expenditures this Reporting Period (Form C + Form C1)	\$0.00
d.	Closing Balance this Reporting Period (6a + 6b - 6c)	\$0.00
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 X No

Candidate's Name Mast, Bill

Date Submitted: 11/25/2018 4:05:55 PM Date Run: Date Due: 12/6/2018 11:59:00 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

FORM B 1
MONETARY CONTRIBUTIONS

Candidate's Name Mast, Bill

Date Submitted: 11/25/2018 4:05:55 PM Date Run: Date Due: 12/6/2018 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
TOTAL			

FORM B 2
IN-KIND CONTRIBUTIONS

Candidate's Name Mast, Bill

Date Submitted: 11/25/2018 4:05:55 PM Date Run: Date Due: 12/6/2018 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

Candidate's Name Mast, Bill

Date Submitted: 11/25/2018 4:05:55 PM Date Run: Date Due: 12/6/2018 11:59:00 PM

DATE	TRANSFER DATE	NAME and ADDRESS of CREDITOR	AMOUNT
TOTAL			

FORM B 4
LOANS FORGIVEN

Candidate's Name Mast, Bill

Date Submitted: 11/25/2018 4:05:55 PM Date Run: Date Due: 12/6/2018 11:59:00 PM

DATE	NAME and ADDRESS of CREDITOR	AMOUNT
	TOTAL	

FORM C
EXPENDITURES

Candidate's Name Mast, Bill

Date Submitted: 11/25/2018 4:05:55 PM Date Run: Date Due: 12/6/2018 11:59:00 PM

DATE	NAME and ADDRESS of PAYEE	PURPOSE	PRC Exp	AMOUNT
TOTAL				

FORM C 1
LOAN REPAYMENTS

Candidate's Name Mast, Bill

Date Submitted: 11/25/2018 4:05:55 PM Date Run: Date Due: 12/6/2018 11:59:00 PM

DATE	NAME of CREDITOR	AMOUNT
TOTAL		

