

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 Hudman, Sheila

Date Submitted: 9/10/2018 4:25:55 PM Date Run: 9/10/2018 4:25:55 PM Date Due: 9/10/2018 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	<input checked="" type="checkbox"/> Secretary Of State <input type="checkbox"/> County Clerk <input type="checkbox"/> Grant <hr style="width: 80%; margin-left: 0;"/> County Name																								
5/14/2018 Before 5PM	<input checked="" type="checkbox"/> 9/10/2018 Before 5PM																									
5/31/2018 Before 5PM																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">3.</td> <td style="width: 45%;">Full name of Candidate Hudman, Sheila</td> <td style="width: 50%;">Office Sought or Held County Commissioner - District 1 - Grant</td> </tr> <tr> <td></td> <td>Mailing Address PO Box 1275</td> <td>City, State & Zip Code Santa Clara, NM 88026</td> </tr> <tr> <td></td> <td>Phone # (575) 654-9889</td> <td>Fax #</td> </tr> <tr> <td>4.</td> <td>Full name of Campaign Committee</td> <td>Phone # (575) 574-8667</td> </tr> <tr> <td></td> <td>Mailing Address</td> <td>City, State, Zip Code Fax #</td> </tr> <tr> <td>5.</td> <td>Full Name of Treasurer Hildebrand, Lorie</td> <td>Phone # (575) 574-8667</td> </tr> <tr> <td></td> <td>Mailing Address PO Box 943</td> <td>City, State, Zip Code Fax # Santa Clara, NM 88026</td> </tr> <tr> <td colspan="3">Name & Street Address of Financial Institution Where bank account is maintained (Bank Account Located in New Mexico) First American Bank. 1401 Tom Foy Blvd., Bayard, NM 88023</td> </tr> </table>			3.	Full name of Candidate Hudman, Sheila	Office Sought or Held County Commissioner - District 1 - Grant		Mailing Address PO Box 1275	City, State & Zip Code Santa Clara, NM 88026		Phone # (575) 654-9889	Fax #	4.	Full name of Campaign Committee	Phone # (575) 574-8667		Mailing Address	City, State, Zip Code Fax #	5.	Full Name of Treasurer Hildebrand, Lorie	Phone # (575) 574-8667		Mailing Address PO Box 943	City, State, Zip Code Fax # Santa Clara, NM 88026	Name & Street Address of Financial Institution Where bank account is maintained (Bank Account Located in New Mexico) First American Bank. 1401 Tom Foy Blvd., Bayard, NM 88023		
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6.	FINANCIAL SUMMARY	
a.	OPENING BALANCE for reporting period ("0" If first report, or CLOSING BALANCE FROM LAST REPORT)	\$844.24
b.	Total Monetary Contribution this Reporting Period (Form B1 + Form B3)	\$475.00
c.	Total Expenditures this Reporting Period (Form C + Form C1)	\$0.00
d.	Closing Balance this Reporting Period (6a + 6b - 6c)	\$1,319.24
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

Candidate's Name Hudman, Sheila

Date Submitted: 9/10/2018 4:25:55 PM Date Run: 9/10/2018 4:25:55 PM Date Due: 9/10/2018 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
7/18/2018	Frost McGahey - 81 Nikis Rd., Silver City NM 88061	unknown	\$250.00
7/18/2018	Spann Rebecca - P.O. Box 361, Hurley NM 88043		\$25.00
7/18/2018	Grant County Federated Republican Woman DBA PAC - P.O. Box 5136, Silver City NM 88062	Party Committee	\$200.00
TOTAL			\$475.00

FORM B 2
IN-KIND CONTRIBUTIONS

Candidate's Name Hudman, Sheila

Date Submitted: 9/10/2018 4:25:55 PM Date Run: 9/10/2018 4:25:55 PM Date Due: 9/10/2018 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 Hudman, Sheila

Date Submitted: 9/10/2018 4:25:55 PM Date Run: 9/10/2018 4:25:55 PM Date Due: 9/10/2018 11:59:00 PM

DATE	TRANSFER DATE	NAME and ADDRESS of CREDITOR	AMOUNT
TOTAL			

FORM B 4
LOANS FORGIVEN

Candidate's Name Hudman, Sheila

Date Submitted: 9/10/2018 4:25:55 PM Date Run: 9/10/2018 4:25:55 PM Date Due: 9/10/2018 11:59:00 PM

DATE	NAME and ADDRESS of CREDITOR	AMOUNT
TOTAL		

FORM C
EXPENDITURES

Candidate's Name Hudman, Sheila

Date Submitted: 9/10/2018 4:25:55 PM Date Run: 9/10/2018 4:25:55 PM Date Due: 9/10/2018 11:59:00 PM

DATE	NAME and ADDRESS of PAYEE	PURPOSE	PRC Exp	AMOUNT
TOTAL				

FORM C 1
LOAN REPAYMENTS

Candidate's Name Hudman, Sheila

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DATE	NAME of CREDITOR	AMOUNT
TOTAL		

