

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 Boslough, Mark

Date Submitted: 12/6/2018 4:24:22 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>Bernalillo</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 Boslough, Mark	Office Sought or Held State Representative - District 31 - Bernalillo
	Mailing Address 998 Lynx Loop Ne	City, State & Zip Code Albuquerque, NM 87122
	Phone # (505) 999-7756	Fax #
4.	Full name of Campaign Committee Mark Boslough for New Mexico	Phone # (505) 999-7756
	Mailing Address 998 Lynx Loop NE	City, State, Zip Code Albuquerque, NM 87122
	Full Name of Treasurer Fraser, Mark	Phone # 5057306714
	Mailing Address PO Box 14978	City, State, Zip Code Albuquerque, NM 87191
	Name & Street Address of Financial Institution Where bank account is maintained (Bank Account Located in New Mexico) Bank of America. 11201 Montgomery Blvd NE Albuquerque, Albuquerque, NM 87111	

6.	FINANCIAL SUMMARY	
a.	OPENING BALANCE for reporting period ("0" If first report, or CLOSING BALANCE FROM LAST REPORT)	\$987.28
	Total Supplemental Contributions	
b.	Total Monetary Contribution this Reporting Period (Form B1 + Form B3)	\$0.00
c.	Total Expenditures this Reporting Period (Form C + Form C1)	\$987.28
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 <input checked="" type="checkbox"/> No	

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1.	TOTAL DEBT CARRIED FORWARD	\$237.28
2.	TOTAL LOAN CONTRIBUTIONS	\$0.00
3.	TOTAL DEBT PAID	\$148.00
4.	TOTAL LOANS FORGIVEN	\$89.28
5.	TOTAL UNPAID DEBT	\$0.00

FORM B 3
LOAN CONTRIBUTIONS

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DATE	TRANSFER DATE	NAME and ADDRESS of CREDITOR	AMOUNT
TOTAL			

