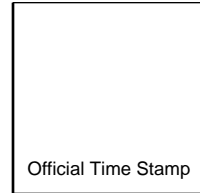


State of New Mexico
Office of the Secretary of State
Ethics Administration
325 Don Gaspar Suite 300
Santa Fe, New Mexico 87503
(800) 477-3632/(505) 827-3600

SECRETARY OF STATE



Campaign Reporting Act Report of Expenditures and Contributions

Candidate

FORM A

2020

Candidate's Name Sweetser, Candie

Date Submitted: 5/7/2020 1:07:01 PM Date Run: 5/7/2020 1:07:01 PM Date Due: 5/11/2020 11:59:00 PM

| | | | |
|--|--|---|--------------------|
| 1. FILING DEADLINES (Check the box that indicates the report being filled) | | 2. Filing Officer | |
| <input type="checkbox"/> 4/13/2020 Before 5PM | | <input checked="" type="checkbox"/> | Secretary Of State |
| <input checked="" type="checkbox"/> 5/11/2020 Before 5PM | | | County Clerk |
| | | | ALL _____ |
| | | | County Name |
| 3. | Full name of Candidate Sweetser, Candie | Office Sought or Held State Representative - District 32 - ALL | |
| | Mailing Address 10520 Hermanas Rd Sw | City, State & Zip Code Deming, NM 88030 | |
| | Phone # (575) 494-0747 | Fax # | |
| 4. | Full name of Campaign Committee | Phone # (575) 546-7557 | |
| | Mailing Address | City, State, Zip Code | Fax # |
| 5. | Full Name of Treasurer Hurt, Tamara | Phone # (575) 546-7557 | |
| | Mailing Address Po Box 2049 | City, State, Zip Code Deming, NM 88031 | Fax # |
| | Name & Street Address of Financial Institution Where bank account is maintained (Bank Account Located in New Mexico) First New Mexico. 300 S Gold Ave, Deming, NM 88030 | | |

| | | | |
|----|--|---|-------------|
| 6. | FINANCIAL SUMMARY | | |
| a. | OPENING BALANCE for reporting period ("0" If first report, or CLOSING BALANCE FROM LAST REPORT) | | \$37,198.96 |
| b. | Total Monetary Contribution this Reporting Period (Form B1 + Form B3) | | \$1,250.00 |
| c. | Total Expenditures this Reporting Period (Form C + Form C1) | | \$525.81 |
| d. | Closing Balance this Reporting Period (6a + 6b - 6c) | | \$37,923.15 |
| 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"/> | |

Candidate's Name Sweetser, Candie

Date Submitted: 5/7/2020 1:07:01 PM Date Run: 5/7/2020 1:07:01 PM Date Due: 5/11/2020 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 Sweetser, Candie

Date Submitted: 5/7/2020 1:07:01 PM Date Run: 5/7/2020 1:07:01 PM Date Due: 5/11/2020 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 |
|--------------|--|---|------------|
| 5/4/2020 | Western Bank - PO Box 490, Lordsburg NM 88045 | Banking | \$1,000.00 |
| 5/4/2020 | Admiral Beverage Corporation - PO Box 726, Worland WY 82401 | Beer Distributor | \$250.00 |
| TOTAL | | | \$1,250.00 |

FORM B 2
IN-KIND CONTRIBUTIONS

Candidate's Name Sweetser, Candie

Date Submitted: 5/7/2020 1:07:01 PM Date Run: 5/7/2020 1:07:01 PM Date Due: 5/11/2020 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 Sweetser, Candie

Date Submitted: 5/7/2020 1:07:01 PM Date Run: 5/7/2020 1:07:01 PM Date Due: 5/11/2020 11:59:00 PM

| DATE | TRANSFER DATE | NAME and ADDRESS of CREDITOR | AMOUNT |
|--------------|---------------|------------------------------|--------|
| TOTAL | | | |

FORM B 4
LOANS FORGIVEN

Candidate's Name Sweetser, Candie

Date Submitted: 5/7/2020 1:07:01 PM Date Run: 5/7/2020 1:07:01 PM Date Due: 5/11/2020 11:59:00 PM

| DATE | NAME and ADDRESS of CREDITOR | AMOUNT |
|--------------|------------------------------|--------|
| TOTAL | | |

FORM C
EXPENDITURES

Candidate's Name Sweetser, Candie

Date Submitted: 5/7/2020 1:07:01 PM Date Run: 5/7/2020 1:07:01 PM Date Due: 5/11/2020 11:59:00 PM

| DATE | NAME and ADDRESS of PAYEE | PURPOSE | PRC Exp | AMOUNT |
|--------------|---|---------------|---------|----------|
| 4/29/2020 | Albuquerque Journal - 7777 Jefferson St NE, Albuquerque NM 87109 | Subscriptions | | \$120.00 |
| 4/16/2020 | Print Workz - 1117 E Florida Street, Deming NM 88030 | Advertising | | \$300.00 |
| 4/9/2020 | Hidalgo Herald - 212 E Motel Drive, Lordsburg NM 88045 | Advertising | | \$105.81 |
| TOTAL | | | | \$525.81 |

FORM C 1
LOAN REPAYMENTS

Candidate's Name Sweetser, Candie

Date Submitted: 5/7/2020 1:07:01 PM Date Run: 5/7/2020 1:07:01 PM Date Due: 5/11/2020 11:59:00 PM

| DATE | NAME of CREDITOR | AMOUNT |
|--------------|------------------|--------|
| TOTAL | | |

