

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 Smith, John

Date Submitted: 5/29/2020 11:57:26 AM Date Run: 5/29/2020 11:57:26 AM Date Due: 6/1/2020 12:00:00 PM

1. FILING DEADLINES (Check the box that indicates the report being filled)		2. Filing Officer
<input checked="" type="checkbox"/> 6/1/2020 Before 5PM		<input checked="" type="checkbox"/> Secretary Of State <input type="checkbox"/> County Clerk <input type="checkbox"/> ALL _____ <input type="checkbox"/> County Name _____

3.	Full name of Candidate <b>Smith, John</b>	Office Sought or Held <b>State Senator - District 35 - ALL</b>
	Mailing Address <b>Po Box 998</b>	City, State & Zip Code <b>Deming, NM 88031</b>
	Phone # <b>(575) 546-4979</b>	Fax #
4.	Full name of Campaign Committee	Phone # <b>(575) 544-5798</b>
	Mailing Address	City, State, Zip Code      Fax #
5.	Full Name of Treasurer <b>Smith, Janette</b>	Phone # <b>(575) 546-4979</b>
	Mailing Address <b>Po Box 998</b>	City, State, Zip Code      Fax # <b>Deming, NM 88031</b>
	Name & Street Address of Financial Institution Where bank account is maintained (Bank Account Located in New Mexico) <b>First New Mexico Bank. 300 S Gold, Deming, NM 88030</b>	

6.	<b>FINANCIAL SUMMARY</b>	
a.	OPENING BALANCE for reporting period <small>("0" If first report, or CLOSING BALANCE FROM LAST REPORT)</small>	\$0.00
b.	Total Monetary Contribution this Reporting Period (Form B1 + Form B3)	\$2,250.00
c.	Total Expenditures this Reporting Period (Form C + Form C1)	\$0.00
d.	Closing Balance this Reporting Period (6a + 6b - 6c)	\$2,250.00
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	

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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                      Smith, John

Date Submitted:    5/29/2020 11:57:26 AM    Date Run:            5/29/2020 11:57:26 AM    Date Due:            6/1/2020 12:00:00 PM

<b>DATE</b>	<b>NAME and ADDRESS of CONTRIBUTOR</b>	<b>OCCUPATION (of any contributor who makes a contribution of \$250 or more in an election)</b>	<b>AMOUNT</b>
5/28/2020	Optumcare New Mexico - PO Box 1380, Denver CO 80201	provides health services	\$750.00
5/28/2020	Pharmaceutical Research and Manufactures of Am. - 1675 Broadway, Ste 1250, Denver CO 80202	Regional Director	\$1,000.00
5/28/2020	Lawrence Horan - 14419 Oakwood PL, NE, Albuquerque NM 87123	lobbyist	\$500.00
<b>TOTAL</b>			<b>\$2,250.00</b>

**FORM B 2**  
**IN-KIND CONTRIBUTIONS**

Candidate's Name                      Smith, John

Date Submitted:    5/29/2020 11:57:26 AM    Date Run:            5/29/2020 11:57:26 AM    Date Due:            6/1/2020 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
<b>TOTAL</b>			

**FORM B 3**  
**LOAN CONTRIBUTIONS**

Candidate's Name                      Smith, John

Date Submitted:    5/29/2020 11:57:26 AM    Date Run:            5/29/2020 11:57:26 AM    Date Due:            6/1/2020 12:00:00 PM

DATE	LOAN TRANSFER DATE	TRANSFER DATE	NAME and ADDRESS of CREDITOR	AMOUNT
<b>TOTAL</b>				

**FORM B 4**  
**LOANS FORGIVEN**

Candidate's Name          Smith, John

Date Submitted:    5/29/2020 11:57:26 AM    Date Run:          5/29/2020 11:57:26 AM    Date Due:          6/1/2020 12:00:00 PM

DATE	NAME and ADDRESS of CREDITOR	AMOUNT
<b>TOTAL</b>		

**FORM C**  
**EXPENDITURES**

Candidate's Name                      Smith, John

Date Submitted:    5/29/2020 11:57:26 AM    Date Run:            5/29/2020 11:57:26 AM    Date Due:            6/1/2020 12:00:00 PM

DATE	NAME and ADDRESS of PAYEE	PURPOSE	PRC Exp	AMOUNT
TOTAL				

**FORM C 1**  
**LOAN REPAYMENTS**

Candidate's Name Smith, John

Date Submitted: 5/29/2020 11:57:26 AM Date Run: 5/29/2020 11:57:26 AM Date Due: 6/1/2020 12:00:00 PM

DATE	NAME of CREDITOR	AMOUNT
<b>TOTAL</b>		



