

Office of the City Clerk P.O. Box 1293 Albuquerque, NM 87103 Phone (505) 924-3650 Fax (505) 924-3660 www.cabq.gov/clerk

Candidate's Financial Disclosure Statement

Name:	Telephone:
Address:	
	ership(s) and position(s), if any and all, in professional organizations:
which accounted sheets as necess	sources of income that presently account for five percent (5%) or more of your income or d for five percent (5%) or more of your income during the past year. Attach additional ary. (For the purpose of responding to this provision, "source of income" includes the ntity from which you received the income):
	present business relationships you have or may have with the City of Albuquerque:
List any and all	real estate interests* held by you within Bernalillo County, excluding your home:
State of New M	, hereby swear or affirm, under penalty of perjury under the laws of the exico, that all the information on the uploaded form and on any attachments is true, correct, to the best of my knowledge.
Date	
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Note: Each candidate for elective office within the City shall file this statement with the Board of Ethics and Campaign Practices within two days after filing the declaration of candidacy with the County Clerk [Article XIII, Section 3 of the City Charter].

*Active or passive investments in real property, including but not limited to: partnerships, joint ventures, trusts, closely-held corporations, which have real estate investments or interests located in Bernalillo County.

