



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

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### **Submission of Nominating Petitions**

**For:** \_\_\_\_\_, **Candidate for City Council**

**District:** \_\_\_\_\_

*\*Please respond to only one of the options below and then affirm to the statement at the bottom of the page\**

I, \_\_\_\_\_, (printed name of candidate or representative) swear or affirm that the signatures on the nominating petitions, with pages numbered \_\_\_\_\_ through \_\_\_\_\_ are submitted on behalf of \_\_\_\_\_, candidate for City Councilor, District \_\_\_\_\_.

Candidate or Representative Signature: \_\_\_\_\_

**Or,**

I, \_\_\_\_\_, (printed name of candidate or representative) swear or affirm that I have no petitions to submit to the City Clerk this week.

Candidate or Representative Signature: \_\_\_\_\_

I, \_\_\_\_\_, (printed name of candidate or representative) hereby swear or affirm, under penalty of perjury under the laws of the State of New Mexico, that all the information on the uploaded form and on any attachments is true, correct, and complete, to the best of my knowledge.

\_\_\_\_\_  
Candidate or Representative Signature

\_\_\_\_\_  
Date