# City of Santa Fe

### PARTICIPATING CANDIDATE EXPENDITURE REPORT

| Name of Candidate | Amanda Camille Chavez  | Position Sought | City Councilor |  |
|-------------------|------------------------|-----------------|----------------|--|
| Mailing Address   | 4101 Luna Grande Ln.   | District No.    | 4              |  |
|                   | Santa Fe, NM 87507     |                 |                |  |
| Email Address     | amandacc0525@gmail.com | Phone No.       | (505) 506-7776 |  |
| REPORTING PERIOD  | 10/27/21               | то              | 11/1/21        |  |

| AGGREGATE OF PUBLIC CAMPAIGN<br>FUND MONIES |             |  |
|---|-------------|--|
| INITIAL<br>(9-3.10 (A) SFCC 1987)           | \$15,000.00 |  |
| MATCHING<br>(9-3.13 (B) SFCC 1987)          |             |  |
|   |             |  |
| TOTAL                                       | \$15,000.00 |  |

| AGGREGATE OF EXPENDITURES TO DATE (Made From Public Campaign Fund Monies) |             |  |  |
|---|-------------|--|--|
| EXPENDITURES  | \$13,077.86 |  |  |
| CASH ON HAND  | \$1,922.14  |  |  |
|   |             |  |  |
| TOTAL   | \$15,000.00 |  |  |

### City of Santa Fe

#### **CERTIFICATION**

| 1987; however, a Participating Candidate Expen    |   |                            |
|---|---|----------------------------|
| acknowledged by the candidate.                    |   | .,                         |
| / //  |   |                            |
| Candidate's Signature                             |   | _ Date _ 1                 |
| Treasurer's/Deputy Treasurer's Signature          | Lelleman S. West                                    | _Date                      |
| Treasurer's/Deputy Treasurer's Address            | 7 4710 Las Plazue                                   |                            |
| _   | S'anta Fe, NM                                       | 87507                      |
| Subscribed to and sworn before me this            | day of NOVEMber                                     | _, 202                     |
| OFFICIAL SEAL                                     | Notary Public                                       |                            |
| My Commission Expires: SCOT 20, 2025              | Ų   |                            |
| My Commission Expires:                            |   |                            |
| September 20, 2025                                |   |                            |
|   |   |                            |
| Received in the Office of the City Clerk at 9.3   | $(AM/PM)$ on the $\frac{1}{2}$ day of $\frac{1}{2}$ | 2021                       |
| S ONLANDEO :                                      |   |                            |
| Crali   | 1/ 1  | $\gamma \cap \gamma$       |
| (SEADO)   | 9 Ash   | Men                        |
| 10  | Kristine Mihelcic, City Clerk                       |                            |
| • Pursuant to §9-3.14(A) SFCC 1987 a copy of each | ch receipt, printed on 8 ½" x 11" paper, shall be   | submitted with this report |
|   |   |                            |

- and filed with the City Clerk.
- The City Clerk is authorized to reject any incomplete report or form. The City Clerk shall notify a Participating Candidate that the report or form is incomplete. (§9-3.18(B) SFCC 1987)
- The City Clerk shall assess a fine of one hundred dollars (\$100) for unexcused late filing of report or forms. (§9-3.18(C) SFCC 1987)

# City of Santa Fe

#### PARTICIPATING CANDIDATE REPORT OF EXPENDITURES FROM PUBLIC FUNDS

| Name of Candidate  | Amanda Camille Chavez |              |             |  |
|--|-----------------------|--------------|-------------|--|
| Position Sought  | City Councilor        | District No. | 4           |  |
| Reporting Period   | 10/27/21              | то           | 11/1/2021   |  |
| Aggregate of Expenditures this Reporting Period:           |                       | \$0.00       |             |  |
| Aggregate of Expenditures to Date (including this report): |                       |              | \$13,077.86 |  |

| Date<br>Expended | Name and Address of Person or Organization Purpose of Expenditure | Method of<br>Payment | Amount | Aggregate<br>Each Person/<br>Organization |
|------------------|---|----------------------|--------|---|
|                  |   | -                    |        |   |
|                  |   |                      |        |   |
|                  |   |                      |        |   |
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|                  |   |                      |        |   |
|                  |   |                      |        |   |

Page Total

(ATTACH ADDITIONAL PAGES AS REQUIRED)

\$0.00