



STATE OF NEW MEXICO

MAGGIE TOULOUSE OLIVER

SECRETARY OF STATE

**2026 VOTER ACTION ACT QUALIFYING CONTRIBUTIONS
LIST OF CONTRIBUTORS**

Full Name of Applicant Candidate (Please Print) _____

Office Sought _____

Date: _____

Number of required signatures: _____

Number of signatures listed:

List of Contributors:

Name of Contributor (as it appears on Voter Registration)	Address of Contributor (as it appears on Voter Registration)
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