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FEC FORM 2

STATEMENT OF CANDIDACY

1.											
	(a) Name of Candidate (in full)										
	Sedillo Lopez, Antoinette, , ,										
	(b) Address (number and street) P.O. Box 40414	☐ Check if address changed				Candidate's FEC Identification Number H8NM01323					
	(c) City, State, and ZIP Code					3. Is This	Nev	V		Amended	
	Albuquerque		NM	8719	6	Statem	nent (N)	OR	×	(A)	
4.	Party Affiliation	5. Office Sough	t		6. State & Dist	rict of Candic	late				
	DEMOCRATIC PARTY	House			NM	01					
	DE	SIGNATION	OF PRI	NCIPAL	CAMPAIGN	N COMMI	TTEE				
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2021 (year of election)										
	NOTE: This designation should be f	led with the app	ropriate office	e listed in th	ne instructions.						
	(a) Name of Committee (in full) ANTOINETTE SEDILLO LOPEZ FOR NEW MEXICO										
	(b) Address (number and street) P.O. BOX 40414										
	(c) City, State, and ZIP Code										
	ALBUQUERQUE				NM	87196	i				
_											
	DE	SIGNATION		ED AII	TUODIZED	COMMIT	TEES				
	DE				g Representativ		ILLS				
8.	I hereby authorize the following name candidacy.	ned committee, v	vhich is NOT	my principa	al campaign con	nmittee, to re	ceive and expe	end funds	on bel	nalf of my	
	NOTE: This designation should be f	led with the prine	cipal campaig	n committe	ee.						
	(a) Name of Committee (in full)										
	(b) Address (number and street)										
	(b) Address (number and street)										
	(b) Address (number and street) (c) City, State, and ZIP Code										
	(c) City, State, and ZIP Code	min and their Charles				and baline is in	4444				
_	(c) City, State, and ZIP Code I certify that I have exa	mined this State	ment and to t	he best of l	my knowledge a	nd belief it is	true, correct a	nd compl	ete.		
Sig	(c) City, State, and ZIP Code	mined this State	ment and to t	he best of	my knowledge a	nd belief it is	true, correct a	nd compl	ete.		
	(c) City, State, and ZIP Code I certify that I have exa	mined this State	ment and to t					nd compl	ete.		
	(c) City, State, and ZIP Code I certify that I have example of Candidate	mined this State	ment and to t		my knowledge a ronically Filed]	Date		nd compl	ete.		
	(c) City, State, and ZIP Code I certify that I have example of Candidate	mined this State	ment and to t			Date		nd compl	ete.		
Se	(c) City, State, and ZIP Code I certify that I have example of Candidate			[Elect	ronically Filed]	Date 03/18/202	21			37g.	
Se	(c) City, State, and ZIP Code I certify that I have exaugment of Candidate edillo Lopez, Antoinette, , ,			[Elect	ronically Filed]	Date 03/18/202	21			37g.	
Se	(c) City, State, and ZIP Code I certify that I have exaugment of Candidate edillo Lopez, Antoinette, , ,			[Elect	ronically Filed]	Date 03/18/202	21			37g.	

FEC FORM 2 (REV. 02/2009)

: 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHŽG7 < 98 I @ 'CF' ± H9 A = N5 H± CB

Form/Schedule: F2A Transaction ID:

2021 Special Election.

Form/Schedule: Transaction ID: