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OFFICE OF THE SECRETARY OF STATE

Bureau of Elections, Ethics Administration 325 Don Gaspar, Suite 300, Santa Fe, New Mexico 87501 Phone: (505) 827-3600 Toll-Free: (800) 477-3632 Fax: (505) 827-8403

Second Primary Report

FORM A

Political Committee's Name NM NAIOP PAC

| 1. | Political Committee Complete Name NM NAIOP PAC | Office Sought or Held | |
|----|--|---|-------|
| | Mailing Address PO Box 27156 | City, State & Zip Code Albuquerque, NM 87107 | |
| | Phone # (505) 980-8892 | Fax# | |
| 2. | Name of Principal Officer, if any | Phone # | |
| | Mailing Address | City, State & Zip Code | Fax # |
| 3. | Full name of Treasurer David Leith | Phone # (505) 842-8290 | |
| | Mailing Address 6501 Americas Parkway NE, Suite 500 | City, State & Zip Code Albuquerque, NM 87110 | Fax# |
| | Name & Street Address of Financial Institution Where bank account is maintained (Bank Account Located in New Mexico) Wells Fargo Bank. 200 Lomas #1, Albuquerque, NM 87102 | | |

| 4. | FINANCIAL SUMMARY | Opening Balance |
|----|---|-----------------|
| a. | OPENING BALANCE for reporting period ("0" If first report, or CLOSING BALANCE FROM LAST REPORT) | \$71,843.89 |
| b. | Total Monetary Contributions this Reporting Period (Form B1 + Form B3) | \$750.00 |
| c. | Total Expenditures this Reporting Period (Form C+ Form C1) | \$16,129.16 |
| d. | Total Amount Raised from one or more Special Events Special Event Worksheet(s) attached Yes X No | \$0.00 |
| e. | Closing Balance this Reporting Period (4a + 4b + 4d - 4c) | \$56,464.73 |
| f. | Total Loans To the Committee this Reporting Period (Form A1) | \$0.00 |
| g. | Total Unpaid Campaign Debt (Form A1) | \$0.00 |
| h. | Total In-Kind Contributions this Reporting Period (Form B2) | \$0.00 |

Report of Expenditures and Contributions

Form A 1

Political Committee's Name NM NAIOP PAC

| 1. | TOTAL DEBT CARRIED FORWARD | \$0.00 |
|----|----------------------------|--------|
| 2. | TOTAL LOAN CONTRIBUTIONS | \$0.00 |
| 3. | TOTAL DEBT PAID | \$0.00 |
| 4. | TOTAL LOANS FORGIVEN | \$0.00 |
| 5. | TOTAL UNPAID DEBT | \$0.00 |

Report of Expenditures and Contributions

FORM B 1 MONETARY CONTRIBUTIONS

Political Committee's Name NM NAIOP PAC

| DATE | NAME and ADDRESS of CONTRIBUTOR | OCCUPATION | AMOUNT |
|-----------|--|------------------------------------|----------|
| 4/3/2024 | Roxanna Meyers 2117 Commercial St NE Albuquerque, NM 87102 PAC Contribution | Manager | \$250.00 |
| 4/15/2024 | ABQ Sunport-COA Aviation Dept P.O. Box 9948 Albuquerque, NM 87119 contribution on behalf of NAIOP member Manny Marquez | Other ABQ SunportCOA aviation dept | \$250.00 |
| 4/23/2024 | Jaynes Corporation 2906 Broadway Blvd NE Albuquerque, NM 87107 contribution on behalf of Doug Clark as NAIOP member | Professional Services | \$250.00 |
| | | TOTAL | \$750.00 |

Report of Expenditures and Contributions

FORM B 2 IN-KIND CONTRIBUTIONS

| Political Committee's Name | NM NAIOP PAC | |
|----------------------------|--------------|---------------------|
| Date Submitted: | 5/13/2024 | Date Due: 5/13/2024 |

| DATE | NAME and ADDRESS of CONTRIBUTOR | OCCUPATION | AMOUNT |
|-------|---------------------------------|------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL | | | |

Report of Expenditures and Contributions

FORM B 3 LOAN CONTRIBUTIONS

| Political Committee's Name | NM NAIOP PAC | | |
|----------------------------|--------------|---------------------|--|
| Date Submitted: | 5/13/2024 | Date Due: 5/13/2024 | |

| DATE | TRANSFER DATE | NAME and ADDRESS of CREDITOR | AMOUNT |
|------|---------------|------------------------------|--------|
| | | | |
| | | TOTAL | |

Report of Expenditures and Contributions

FORM B 4 LOANS FORGIVEN

| Political Committee's Name | NM NAIOP PAC | | |
|----------------------------|--------------|---------------------|--|
| Date Submitted: | 5/13/2024 | Date Due: 5/13/2024 | |

| DATE | NAME and ADDRESS of CREDITOR | AMOUNT |
|------|------------------------------|--------|
| | | |
| | TOTAL | |

Report of Expenditures and Contributions

FORM C EXPENDITURES

Political Committee's Name NM NAIOP PAC

| DATE | NAME and ADDRESS of PAYEE | PURPOSE | Туре | AMOUNT |
|-----------|---|---|-------------|-------------|
| 4/2/2024 | Intuit Online, Online Unknown, NM 12345 QBO monthly fee | Office expenses | Expenditure | \$64.58 |
| 4/17/2024 | The New Mexico Project 8100 Wyoming Blvd. NE, M4-307 Albuquerque, NM 87122 contribution to PAC | Contribution (explain nonmonetary)* | Expenditure | \$15,000.00 |
| 4/24/2024 | Committee to Elect William J Walker for County Commissioner District 2 3936 Clinton Blvd SW ALBUQUERQUE, NM 87105 campaign contribution | Contribution (explain nonmonetary)* | Expenditure | \$1,000.00 |
| 5/2/2024 | Intuit Online, Online Unknown, NM 12345 QBO monthly fee | Office expenses | Expenditure | \$64.58 |
| | | | TOTAL | \$16,129.16 |

Report of Expenditures and Contributions

FORM C 1 LOAN REPAYMENTS

| Political Committee's Name | NM NAIOP PAC | | |
|----------------------------|--------------|-----------|-----------|
| Date Submitted: | 5/13/2024 | Date Due: | 5/13/2024 |

| DATE | NAME of CREDITOR | AMOUNT |
|------|------------------|--------|
| | | |
| | | |
| | TOTAL | |

Report of Expenditures and Contributions

SPECIAL EVENT WORKSHEET

| Political Committee's Name | | NM NAIOP PAC | | | | |
|----------------------------|---|-------------------|---------------|-------------------------|--|--|
| Date Submitted: | | 5/13/2024 | Date Due | : 5/13/2024 | | |
| 1. | Brief description of event | | | | | |
| 2. | Names of Individuals or entities that sponsored the event | | | | | |
| 3. | a. Date of event | b. Admission pric | ce (or less) | c. Number in attendance | | |
| 4. | Actual location and street address | | | | | |
| 5. | Admission Fees Received | | | | | |
| 6. | Unidentifiable / Anonymous Contributions : (Aggregate amount received during event) | | | | | |
| 7. | Total unidentifiable contributions (add lines 5 and 6) | | | | | |
| 8. | Expenditures (made in relation to Special Event) | | | | | |
| 9. | Difference (Subtract line 8 from line 7) (If figure on line 9 is more than , complete lines 10 and 11) | | | | | |
| 10. | After expenses allowance | | | | | |
| 11. | Excess on unidentifiable cash contributions that must be donated (Subtract line 10 from line 9) | | | | | |