



# 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

## First Primary Report

### FORM A

Candidate's Name Mr. Samuel Stull Obenshain  
 Date Submitted: 4/10/2024 Date Due: 4/8/2024

1.	Full name of Candidate Mr. Samuel Stull Obenshain	Office Sought or Held Public Education Commissioner - Bernalillo - DISTRICT 1
	Mailing Address 3104 Calle del Dominica SW	City, State & Zip Code Albuquerque, NM 87105
	Phone # (505) 697-2142	Fax #
2.	Full name of Campaign Committee Sam for NM	Phone # (505) 697-2142
	Mailing Address 3104 Calle del Dominica SW	City, State & Zip Code Albuquerque, NM 87105
		Fax #
3.	Full name of Treasurer Mrs. Christine Eisenberg	Phone # (505) 697-2142
	Mailing Address 3104 Calle del Dominica SW	City, State & Zip Code Albuquerque, NM 87105
		Fax #
	Name & Street Address of Financial Institution Where bank account is maintained (Bank Account Located in New Mexico) Nusenda Credit Union. P.O. Box 8530, Albuquerque, NM 87198	

4.	FINANCIAL SUMMARY	Opening Balance
a.	OPENING BALANCE for reporting period ("0" if first report, or CLOSING BALANCE FROM LAST REPORT)	\$0.00
b.	Total Monetary Contributions this Reporting Period (Form B1 + Form B3)	\$0.00
c.	Total Expenditures this Reporting Period (Form C+ Form C1)	\$0.00
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)	\$0.00
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)	\$5,000.00

**First Primary Report**

**Report of Expenditures and Contributions**

**Form A 1**

Candidate's Name Mr. Samuel Stull Obenshain  
Date Submitted: 4/10/2024 Date Due: 4/8/2024

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

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**Report of Expenditures and Contributions**

**FORM B 1  
MONETARY CONTRIBUTIONS**

Candidate's Name Mr. Samuel Stull Obenshain  
Date Submitted: 4/10/2024 Date Due: 4/8/2024

DATE	NAME and ADDRESS of CONTRIBUTOR	OCCUPATION	AMOUNT
<b>TOTAL</b>			

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**Report of Expenditures and Contributions**

**FORM B 2  
IN-KIND CONTRIBUTIONS**

Candidate's Name Mr. Samuel Stull Obenshain  
Date Submitted: 4/10/2024 Date Due: 4/8/2024

<b>DATE</b>	<b>NAME and ADDRESS of CONTRIBUTOR</b>	<b>OCCUPATION</b>	<b>AMOUNT</b>
3/5/2024	NewMexicoKidsCAN Action Fund PAC PO Box 27217 Albuquerque, NM 87125 Petition circulating	Political Committee	\$5,000.00
<b>TOTAL</b>			<b>\$5,000.00</b>

**First Primary Report**

**Report of Expenditures and Contributions**

**FORM B 3  
LOAN CONTRIBUTIONS**

Candidate's Name Mr. Samuel Stull Obenshain  
Date Submitted: 4/10/2024 Date Due: 4/8/2024

<b>DATE</b>	<b>TRANSFER DATE</b>	<b>NAME and ADDRESS of CREDITOR</b>	<b>AMOUNT</b>
<b>TOTAL</b>			

**First Primary Report**

**Report of Expenditures and Contributions**

**FORM B 4  
LOANS FORGIVEN**

Candidate's Name Mr. Samuel Stull Obenshain  
Date Submitted: 4/10/2024 Date Due: 4/8/2024

DATE	NAME and ADDRESS of CREDITOR	AMOUNT
<b>TOTAL</b>		

**First Primary Report**

**Report of Expenditures and Contributions**

**FORM C  
EXPENDITURES**

Candidate's Name Mr. Samuel Stull Obenshain  
Date Submitted: 4/10/2024 Date Due: 4/8/2024

<b>DATE</b>	<b>NAME and ADDRESS of PAYEE</b>	<b>PURPOSE</b>	<b>Type</b>	<b>AMOUNT</b>
<b>TOTAL</b>				

**First Primary Report**

**Report of Expenditures and Contributions**

**FORM C 1  
LOAN REPAYMENTS**

Candidate's Name                      Mr. Samuel Stull Obenshain

Date Submitted:                      4/10/2024

Date Due:    4/8/2024

DATE	NAME of CREDITOR	AMOUNT
<b>TOTAL</b>		



**First Primary Report**

**Report of Expenditures and Contributions**

**SPECIAL EVENT WORKSHEET**

Candidate's Name Mr. Samuel Stull Obenshain  
 Date Submitted: 4/10/2024 Date Due: 4/8/2024

1.	Brief description of event		
2.	Names of Individuals or entities that sponsored the event		
3.	a. Date of event	b. Admission price ( 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)		