

13-1573

State of New Mexico-Office of the State Auditor

2012 ~~2013~~ Certification Form for Tier 1 and Tier 2
2012

Name of Local Public Body: ACEQUIA DE SANTA CRUZ
Address of Local Public Body: 1513 MARTINEZ CAFE RECEIVED
City: ESPALEA State: NM Zip Code: 87532
Phone # 505-753-4544 Fax# _____
Local Public Body Contact Name: MEL MARTINEZ OCT 31 2013
E-Mail Address: _____ STATE AUDITOR

Based on its total annual revenue and/or capital outlay expenditures, my local public body had the following total annual revenue for the fiscal year ended 2012:

Total annual revenue of my local public body, calculated on a cash basis, excluding capital outlay funds, federal and private grants is: 9,122.00

My local public body also:

Did not expend 50% or the remainder of any capital outlay award appropriated by the New Mexico Legislature during the fiscal year _____; or

Has not received a capital outlay award appropriated by the New Mexico Legislature.

Therefore, in accordance with the requirements of Section 12-6-3(B) NMSA 1978 and 2.2.2.16(C) NMAC, the ACEQUIA DE SANTA CRUZ (local public body) hereby certifies that it falls under the following tier for purposes of financial reporting to the State Auditor and it is not required to procure agreed upon procedures services pursuant to Section 12-6-3(B) NMSA 1978 and 2.2.2.16 NMAC:

Tier 1 Tier 2

The information above has been calculated in accordance with Section 12-6-3(B) NMSA 1978 and 2.2.2.16 NMAC, and is true and correct to the best of my knowledge and belief. I also hereby attest that I have the authority to certify the information submitted in this certification form on behalf of the local public body.

LOCAL PUBLIC BODY

BY: MEL MARTINEZ

TITLE: TREASURER

DATE: 6-5-13

Please return this form to:
Office of the State Auditor- 2540 Camino Edward Ortiz, Suite A, Santa Fe, NM 87507

13006