For help completing Form 1, please double-click the icon next to each line number.

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED SECRETARY OF THE SENATE PUBLIC 14 JAN 27 PM 3:37

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Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Allen Weh for Senate

ADDRESS (number and street) ☐ (Check if address is changed)

6300 San Mateo Blvd NE
Suite C4

CITY	STATE	ZIP CODE
Albuquerque	NM	87109 -

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) ☐ (Check if address is changed)

debbiel@gotspaceusa.com

COMMITTEE'S WEB PAGE ADDRESS (URL) ☐ (Check if address is changed)

www.allenweh.com

2. DATE 01 / 23 / 2014

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT ☒ NEW (N) **OR** ☐ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Rebecca Sanchez

Signature of Treasurer Rebecca Sanchez Date 01 / 23 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
Revised 02/2009

ERROR: undefined
OFFICIAL COMMAND:
STACK:

14020014003

5. TYPE OF COMMITTEE

Candidate Committee:

(a) [X] This committee is a principal campaign committee. (Complete the candidate information below.)

(b) [ ] This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate: Allen Weh

Candidate Party Affiliation: Rep

Office Sought: [ ] House [X] Senate [ ] President

State

District

(c) [ ] This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

(d) [ ] This committee is a [ ] (National, State or subordinate) committee of the [ ] (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

(e) [ ] This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

[ ] Corporation [ ] Corporation w/o Capital Stock [ ] Labor Organization

[ ] Membership Organization [ ] Trade Association [ ] Cooperative

[ ] In addition, this committee is a Lobbyist/Registrant PAC.

(f) [ ] This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

[ ] In addition, this committee is a Lobbyist/Registrant PAC.

[ ] In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

(g) [ ] This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(h) [ ] This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. FEC ID number C
2. FEC ID number C
3. FEC ID number C
4. FEC ID number C

14020014004

Write or Type Committee Name

Allen Weh for Senate

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY STATE ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name: Deborah W Maestas

Mailing Address: PO Box 26086

Albuquerque NM 87125 - 6086

CITY STATE ZIP CODE

Title or Position: Deputy Campaign Manager

Telephone number: 505 - 301 - 3030

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer: Rebecca Sanchez

Mailing Address: PO Box 26086

Albuquerque NM 87125 - 6086

CITY STATE ZIP CODE

Title or Position: Treasurer

Telephone number: 505 - 999 - 9377

ERROR: undefined
OFFENDING COMMAND:
STACK:

14020014005

Full Name of Designated Agent

Mailing Address

CITY STATE ZIP CODE

Title or Position

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Bank of America

Mailing Address PO Box 3050

Albuquerque NM 87190

CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY STATE ZIP CODE

To print and file this form, select "Print" from the "File" menu above. In the "Print" window, select "Document" from the drop down menu labeled "Comments and Forms" Doing so will ensure that the icons and other instructions will not appear on your filing. Click here for a video printing demonstration.

14020014006

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MUY URGENTE — Favor de entregar urgentemente al destinatario

Para recolección o localización, llame al 1-800-222-1811

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RECIPIENT
The sender has requested notification upon delivery.
Immediately upon receipt, please telephone:
Name: _____
Tel. No.: ( ) _____

DESTINATARIO
El remitente ha requerido notificación inmediata contra entrega.
Por favor llame a:
Nombre: _____
Teléfono: ( ) _____

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87101
JAN 23, '14
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$19.95
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EG 941473530 US

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Label 11-B, March 2004

Post Office To Addressee

DELIVERY (POSTAL USE ONLY)

Delivery Attempt Mo. Day	Time ☐ AM ☐ PM	Employee Signature
Delivery Attempt Mo. Day	Time ☐ AM ☐ PM	Employee Signature
Delivery Date Mo. Day	Time ☐ AM ☐ PM	Employee Signature

ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code: 87101	Day of Delivery: ☒ Next ☐ 2nd ☐ 2nd Del. Day	Postage: $ 19.95
Date Accepted: Mo. 1 Day 23 Year 14	Scheduled Date of Delivery: Month 1 Day 24	Return Receipt Fee: $
Time Accepted: 1:09 ☐ AM ☐ PM	Scheduled Time of Delivery: ☒ Noon ☐ 3 PM	COD Fee: $ / Insurance Fee: $
Flat Rate ☐ or Weight lbs. ozs.	Military: ☐ 2nd Day ☐ 3rd Day	Total Postage & Fees: $ 19.95
	Int'l Alpha Country Code	Acceptance Emp. Initials: GS

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Federal Agency Acct. No. or Postal Service Acct. No.

NO DELIVERY ☐ Weekend ☐ Holiday

☐ WAIVER OF SIGNATURE (Domestic Mail Only)
Additional merchandise insurance is void if customer requests waiver of signature. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

Mailer Signature: [signature]

FROM: (PLEASE PRINT) PHONE ( )
Allen Weh For Senate
PO Box 26056
Albuquerque, NM 87125

TO: (PLEASE PRINT) PHONE ( )
Federal Election Commission
999 E Street NW
Washington, DC

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)
20463 +

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

FOR PICKUP OR TRACKING
Visit www.usps.com
Call 1-800-222-1811

EMS

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PLEASE DELIVER PER DMM 1.6.2.3

EXPRESS MAIL

RECEIVED
2014 JAN 24 PM 12:12
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NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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USPS PRIORITY MAIL _____ Postmark

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USPS EXPRESS MAIL 1-23-14 Postmark

OVERNIGHT DELIVERY SERVICE:

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FEDERAL EXPRESS	_____	☐
UPS	_____	☐
DHL	_____	☐
AIRBORNE EXPRESS	_____	☐

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FAX _____ Date of Receipt

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PREPARER DH DATE PREPARED 1-27-14

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