RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS
15 OCT 14 AM 11:36

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

Greg Sowards For Senate LLC

ADDRESS (number and street) ▼ 2916 Maese Ln

Check if different than previously reported. (ACC)

CITY ▲ Las Cruces STATE ▲ NM ZIP CODE ▲ 88007 -

2. **FEC IDENTIFICATION NUMBER ▼** C C00448423

3. IS THIS REPORT × NEW (N) **OR** AMENDED (A)

STATE ▼ NM DISTRICT 00

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

× October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on in the State of

(c) 30-Day **POST**-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period MM 07 DD 01 YY 2015 through MM 09 DD 30 YY 2015

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

Type or Print Name of Treasurer MELODIE JOHNSON

Signature of Treasurer *MELODIE JOHNSON* Melodie Johnson Date M 10 D 09 Y 2015

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

Office Use Only							

FEC FORM 3
(Revised 02/2003)

FE5AN018

201510140202560024