

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)USE FEC MAILING LABEL
OR TYPE OR PRINT ▼Example: If typing, type
over the lines

People for Ben

ADDRESS (number and street)
▼

PO Box 31129

☐Check if different
than previously
reported. (ACC)

Sante Fe

NM

87594

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00443689

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

NM

03

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

10

01

2007

through

12

31

2007

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

Carmen Lujan

Signature of Treasurer

Electronically Filed by Carmen Lujan

Date

04

09

2009

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)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

People for Ben

Report Covering the Period:

From:

M M
1 0D D
0 1Y Y Y Y
2 0 0 7

To:

M M
1 2D D
3 1Y Y Y Y
2 0 0 7

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	28300.00	28300.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	28300.00	28300.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	11450.87	11450.87
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	11450.87	11450.87
8. Cash on Hand at Close of Reporting Period (from Line 27).....	66849.13	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	50000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name
People for Ben

Report Covering the Period:

From:

M M
1 0D D
0 1Y Y Y Y
2 0 0 7

To:

M M
1 2D D
3 1Y Y Y Y
2 0 0 7

I. RECEIPTS

COLUMN A
Total This PeriodCOLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

26450.00

26450.00

(ii) Unitemized.....

1850.00

1850.00

(iii) TOTAL of contributions

28300.00

28300.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACS).....

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

28300.00

28300.00

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the
Candidate.....

50000.00

50000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

50000.00

50000.00

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

0.00

0.00

16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

78300.00

78300.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	11450.87	11450.87
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	11450.87	11450.87

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	78300.00
25. SUBTOTAL (add Line 23 and Line 24).....	78300.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	11450.87
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	66849.13

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

Kristi Goodwin

Mailing Address 1712 W Tumbleweed Dr

City

Hobbs

State

NM

Zip Code

88242-9722

FEC ID number of contributing
federal political committee.

C

Name of Employer
Teaco Energy

Occupation
Secretary

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: C3685717

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Marc A Martinez

Mailing Address 2004 Father Sky St NE

City

Albuquerque

State

NM

Zip Code

87112-3712

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of New Mexico

Occupation
Economist

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: C3685715

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Marty Cope, Dr

Mailing Address 618 E Zia Dr

City

Hobbs

State

NM

Zip Code

88240-3453

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Investor

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 8 / 2 0 0 7

Transaction ID: C3685727

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

5600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

Jack L Whitt

Mailing Address PO Box 990

City

Elephant Butte

State

NM

Zip Code

87935-0990

FEC ID number of contributing
federal political committee.

C

Name of Employer
Turtleback Mountain Partners

Occupation

Managing Partner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 7

Transaction ID: C3685721

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Joe Kupfer

Mailing Address 3013 Oculus Loop NE

City

Rio Rancho

State

NM

Zip Code

87144-6458

FEC ID number of contributing
federal political committee.

C

Name of Employer
DBA Kupfer Consulting

Occupation

Lobbyist

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: C3685706

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Scott Scanland

Mailing Address PO Box 32616

City

Santa Fe

State

NM

Zip Code

87594-2616

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Mexico Government Affairs

Occupation

Lobbyist/Consultant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 7

Transaction ID: C3685672

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

5100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

Elias Barela, Rd

Mailing Address 1191 John Rd

City

Belen

State

NM

Zip Code

87002-8152

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 3 / 2 0 0 7

Transaction ID: C3685723

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Troy Teague

Mailing Address 7805 N Rolling Meadows St

City

Hobbs

State

NM

Zip Code

88242-9030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Teaco Energy Service

Occupation
Manager

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: C3685719

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Johnny D. Cope

Mailing Address 618 E Zia Dr

City

Hobbs

State

NM

Zip Code

88240-3453

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Investor

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 8 / 2 0 0 7

Transaction ID: C3685725

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

6900.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 19

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

Jason A Marks

Mailing Address 4916 El Aguila PI NW

City

Albuquerque

State

NM

Zip Code

87120-1009

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of New Mexico

Occupation

Government

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	0	7

Transaction ID: C3685713

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
B.

Full Name (Last, First, Middle Initial)

Judy E Basham

Mailing Address 1112 N. Plata Cr.

City

Santa Fe

State

NM

Zip Code

87501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired/State of New Mexi-
co

Occupation

retired

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	1	/	2	0	0	7

Transaction ID: C3685664

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
C.

Full Name (Last, First, Middle Initial)

Bernard Logue Y Perea

Mailing Address 989 Paseo Del Sur

City

Santa Fe

State

NM

Zip Code

87501-7019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Political Consultant

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	0	7

Transaction ID: C3685708

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

Conny R Maki

Mailing Address 2794 Via Caballero Del Sur

City

Santa Fe

State

NM

Zip Code

87505-5359

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of NM

Occupation

State of NM

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 7

Transaction ID: C3685666

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

J.D. D. Bullington

Mailing Address PO Box 8188

City

Santa Fe

State

NM

Zip Code

87504-8188

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brownstein, Hyatt, and Fa-
rber

Occupation

Lobbyist

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: C3685716

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Carl M. Baldwin

Mailing Address 3 Canjilon Ct

City

Santa Fe

State

NM

Zip Code

87508-2126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carl M. Baldwin, CPA, LLC

Occupation

CPA

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: C3685712

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

David Montoya, Rd

Mailing Address 7 Manzano Rd

City

Corrales

State

NM

Zip Code

87048-8325

FEC ID number of contributing
federal political committee.

C

Name of Employer
Manzano Strategies

Occupation
CEO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: C3685722

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Carmen Lujan

Mailing Address 05 Entrada Celedon Y Nestora

City

Santa Fe

State

NM

Zip Code

87506-9740

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 7

Transaction ID: C3685674

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Sam and Isabell Jewell

Mailing Address PO Box 936

City

Abiquiu

State

NM

Zip Code

87510-0936

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 7

Transaction ID: C3685710

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

5100.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 19

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

Sherry J Sullivan

Mailing Address 35 General Sage Dr

City

Santa Fe

State

NM

Zip Code

87505-6397

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

CPA

Receipt For: 2008

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	1		2	0	0	7

Transaction ID: C3685662

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

26450.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 19

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

Ben Ray Lujan

Mailing Address 05 Entrada Celedon Y Nestora

City	State	Zip Code
Santa Fe	NM	87506-9740

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of New MexicoOccupation
PRC
 Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 7

Transaction ID: C3685859

Amount of Each Receipt this Period

50000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

50000.00

TOTAL This Period (last page this line number only)

50000.00

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 19

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
People for Ben

A. Full Name (Last, First, Middle Initial) Hatche's Cafe	Transaction ID: D154912 Date of Disbursement
Mailing Address 622 Franklin Ave	<div> <div>12</div> <div>15</div> <div>2007</div> </div>
City Hatch State NM Zip Code 87937	Amount of Each Disbursement this Period
Purpose of Disbursement Announcement Catering	<div>600.00</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Century Bank	Transaction ID: D186998 Date of Disbursement
Mailing Address PO Box 1507	<div> <div>12</div> <div>13</div> <div>2007</div> </div>
City Santa Fe State NM Zip Code 87504-1507	Amount of Each Disbursement this Period
Purpose of Disbursement Wire Transfer Fee	<div>30.00</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Kachina Lodge	Transaction ID: D154914 Date of Disbursement
Mailing Address 413 North Pueblo Rd	<div> <div>12</div> <div>15</div> <div>2007</div> </div>
City Taos State NM Zip Code 87571	Amount of Each Disbursement this Period
Purpose of Disbursement Announcement meeting & Catering	<div>309.97</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

939.97

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 / 19

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
People for Ben

A. Full Name (Last, First, Middle Initial) Corwin Research	Transaction ID: D154921 Date of Disbursement
Mailing Address 11024 Montgomery Blvd. NE #128	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 9 / 2 0 0 7</div> </div>
City Albuquerque State NM Zip Code 87111 Purpose of Disbursement Research Candidate Name	Amount of Each Disbursement this Period <div>750.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) Target Marketing USA	Transaction ID: D154902 Date of Disbursement
Mailing Address 22981 Calle Azorin	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 3 / 2 0 0 7</div> </div>
City Mission Viejo State CA Zip Code 92692-1423 Purpose of Disbursement Robo Calls Candidate Name	Amount of Each Disbursement this Period <div>2419.97</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>
C. Full Name (Last, First, Middle Initial) Angelina's Restaurant	Transaction ID: D154915 Date of Disbursement
Mailing Address 1226 N Railroad Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 5 / 2 0 0 7</div> </div>
City Espanola State NM Zip Code 87532-3142 Purpose of Disbursement Announcement Meeting & Catering Candidate Name	Amount of Each Disbursement this Period <div>150.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

3319.97

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 / 19

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
People for Ben

A. Full Name (Last, First, Middle Initial) First Impressions Inc.	Transaction ID: D154903
Mailing Address 3401 Girard Blvd NE	Date of Disbursement <div> <div>11</div> <div>13</div> <div>2007</div> </div>
City Albuquerque State NM Zip Code 87107-1928	Amount of Each Disbursement this Period
Purpose of Disbursement Printing	<div>678.66</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Category/ Type
B. Full Name (Last, First, Middle Initial) Century Bank	Transaction ID: D154919
Mailing Address PO Box 1507	Date of Disbursement <div> <div>12</div> <div>01</div> <div>2007</div> </div>
City Santa Fe State NM Zip Code 87504-1507	Amount of Each Disbursement this Period
Purpose of Disbursement Loan Documentation fee	<div>125.00</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Category/ Type
C. Full Name (Last, First, Middle Initial) Daniel H. Kloke	Transaction ID: D154916
Mailing Address 3804 Copper Ave NE Apt 2	Date of Disbursement <div> <div>12</div> <div>21</div> <div>2007</div> </div>
City Albuquerque State NM Zip Code 87108-1049	Amount of Each Disbursement this Period
Purpose of Disbursement Website Services	<div>800.00</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Category/ Type

SUBTOTAL of Disbursements This Page (optional)

1603.66

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 / 19

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
People for Ben

A.

Full Name (Last, First, Middle Initial)
Best Western Inn at Rio Rancho

Mailing Address 1465 Rio Rancho Dr SE

City State Zip Code
Rio Rancho NM 87124-1007

Purpose of Disbursement
Campaign Announcement Meeting Location
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: D154908
Date of Disbursement

M M / D D / Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Amount of Each Disbursement this Period

384.08

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Chevron

Mailing Address 1700 Saint Michaels Dr

City State Zip Code
Santa Fe NM 87505-7617

Purpose of Disbursement
Gas
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2007 ☒ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: D187002
Date of Disbursement

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Amount of Each Disbursement this Period

36.28

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Century Bank

Mailing Address PO Box 1507

City State Zip Code
Santa Fe NM 87504-1507

Purpose of Disbursement
Bank Service Fee
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: D166488
Date of Disbursement

M M / D D / Y Y Y Y
1 2 / 1 3 / 2 0 0 7

Amount of Each Disbursement this Period

10.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

430.36

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 / 19

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
People for Ben

A. Full Name (Last, First, Middle Initial) Carlos Trujillo	Transaction ID: D154901
Mailing Address 309 Rio Grande #4	Date of Disbursement
City Albuquerque State NM Zip Code 87104	<div> <div>12</div> <div>13</div> <div>2007</div> </div>
Purpose of Disbursement	Amount of Each Disbursement this Period
Contract Services	<div>3500.00</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/ Type
B. Full Name (Last, First, Middle Initial) Charlie's Bakery & Cafe	Transaction ID: D154910
Mailing Address 715 Douglas Ave	Date of Disbursement
City Las Vegas State NM Zip Code 87701-3946	<div> <div>12</div> <div>15</div> <div>2007</div> </div>
Purpose of Disbursement	Amount of Each Disbursement this Period
Announcement Catering	<div>476.51</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/ Type
C. Full Name (Last, First, Middle Initial) Juan Rios	Transaction ID: D155397
Mailing Address 2 Ruta Sin Nombre	Date of Disbursement
City Santa Fe State NM Zip Code 87507-8650	<div> <div>11</div> <div>12</div> <div>2007</div> </div>
Purpose of Disbursement	Amount of Each Disbursement this Period
Reimbursement for Campaign materials	<div>1180.40</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/ Type

SUBTOTAL of Disbursements This Page (optional)

5156.91

TOTAL This Period (last page this line number only)

11450.87

SCHEDULE C (FEC Form 3)Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 18 / 19

LOANSFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

People for Ben

Transaction ID: L168

LOAN SOURCE Full Name (Last, First, Middle Initial)
Mr. Ben Ray Lujan

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 05 Entrada Celedon Y Nestora

City Santa Fe State NM ZIP Code 87506-9740

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
1 2D D
0 6Y Y Y Y
2 0 0 7

12/06/2008

5.00 % (apr)

☒ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)
Mr. Ben Ray LujanName of Employer
State of New MexicoMailing Address
05 Entrada Celedon Y NestoraOccupation
PRC

City Santa Fe State NM ZIP Code 87506-9740

Amount
Guaranteed Outstanding: 50000.00

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

50000.00

TOTALS This Period (last page in this line only) ▶

50000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3) **LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Federal Election Commission, Washington, D.C. 20463

Supplementary for
Information found on
Page 19 / 19 of Schedule C

Name of Committee (in Full) People for Ben		FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px; text-align: center;">C00443689</div>	
LENDING INSTITUTION (LENDER) Full Name Century Bank Federal Savings Bank, De Vargas Branch		Back Ref ID: L168	
Mailing Address 498 N. Guadalupe		Amount of Loan <div style="border: 1px solid black; padding: 2px; text-align: center;">50000.00</div>	
City Sante Fe		Interest Rate (APR) <div style="border: 1px solid black; padding: 2px; text-align: center;">5.00</div> %	
State NM		Date Incurred or Established <div style="border: 1px solid black; padding: 2px; text-align: center;">04 03 2008</div>	
Zip Code 87501		Date Due <div style="border: 1px solid black; padding: 2px; text-align: center;">12/06/2008</div>	
A. Has loan been restructured? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, date originally incurred : <div style="border: 1px solid black; padding: 2px; text-align: center;">12 06 2007</div>			
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; padding: 2px; text-align: center;">0.00</div> Total Outstanding balance : <div style="border: 1px solid black; padding: 2px; text-align: center;">50000.00</div>			
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Endorsers and guarantors must be reported on Sch. C)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____			
		What is the value of this collateral? <div style="border: 1px solid black; padding: 2px; text-align: center;">0.00</div>	
		Does the lender have a perfected security interest in it? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____			
		What is the estimated value? <div style="border: 1px solid black; padding: 2px; text-align: center;">0.00</div>	
A depository account must be established pursuant to 11 CFR 100.82 and 100.142.			
Date account established: <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>		Location of account Address: _____	
		City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Mrs. Carmen Lujan		DATE <div style="border: 1px solid black; padding: 2px; text-align: center;">12 06 2007</div>	
Signature _____			
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of this loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Mr. Peter Pacheco		DATE <div style="border: 1px solid black; padding: 2px; text-align: center;">12 06 2007</div>	
Signature _____		Title Vice President	