Only

PAGE 1 / 10 =

FEC FORM 1		• • • • • • • • • • • • • • • • • • • •	GANIZA	•••	•				Office	Use O	nlv.			•
NAME OF COMMITTEE (in	full)		ck if name anged)		le:If typing, type	9 1	2FE	4M5	Office	Use O	Illy			_
Democration		_	- '									<u> </u>		
		300 Central A	We SW											
ADDRESS (number a		Ste 1300	Ave Svv											
is changed		Albuquerque					NM TATE	L	87102	Z		DDE 4		
COMMITTEE'S E-MA	AIL ADDRE	SS												
(Check if a is changed		bliss@cap	compliance.	com										
Ü	,		ond E-Mail Add			1 1 1	1 1	1 1	1 1	1 1	ı	1 1	1 1	ı
(Check if a is changed		www.NMDen	nocrats.org											
2. DATE 0														
3. FEC IDENTIFIC	CATION NU	JMBER ▶	Сс	00161810										
4. IS THIS STATEM	MENT	NEW (N)	OR	x	AMENDED (A	A)								
I certify that I have e	examined th	is Statement a	and to the best	of my kno	wledge and beli	ief it is t	rue, co	rrect a	and co	mplete	э.			
Type or Print Name	of Treasure	Lara, Robert												
Signature of Treasure	er <i>Lara</i> , —	Robert, , ,		[E	lectronically Filed	<i>l</i> Da	te	M = M 07	1	27	′ [202	20 20	Y
NOTE: Submission of				-	ct the person sign	_			the pe	nalties	of 2 l	J.S.C.	§43	7g.
Office Use				Fe	or further informati ederal Election Com oll Free 800-424-953	mission	ct:			EC F				_

Local 202-694-1100

FEC F	orm 1 (Revised 02/2009)	Page 2
TYPE OF	COMMITTEE te Committee:	
(a)	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. (Con information below.)	nplete the candidate
Name of Candidate		
Candidate Party Affilia	tion Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co		(Demogratia
(d) x	This committee is a STA (National, State or subordinate) committee of the DEM	(Democratic, Republican, etc.) Party.
Political	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 s committee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Coi	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.		
4.		

550.5	00/0000	
FEC Form 1 (Revised (Page 3
	ty of New Mexico	
	•	andership DAC Spansor
-	Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
DNC Services Corpora	ation/Democratic National Committee	
Mailing Address	430 S. Capitol Street, SE	
,	Victory Fund	
	Washington DC 20	0003
	CITY STATE	ZIP CODE
		П
Relationship: Connected	d Organization Affiliated Committee X Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Ider books and records. 	ntify by name, address (phone number optional) and position of the person	ı in possession of committee
Full Name		
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
	Telephone number]
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and assistant treasurer).	the name and address of
Full Name Lara, Robe	ert, , ,	
of Treasurer		
Mailing Address	300 Central Ave SW	
	Ste 1300	
		7102
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 505	_ 830 3645

FEC Form	1 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Bliss, Rebecca, , ,	
Mailing Address	918 Pennsylvania Avenue SE	
	Washington DC 20003 CITY STATE ZII	P CODE
Title or Position Asst. Treasurer		4 - 6960
	Depositories: List all banks or other depositories in which the committee deposits funds, holds a	
	ixes or maintains funds.	
safety deposit bo	oxes or maintains funds. Depository, etc.	
safety deposit bo Name of Bank, D	Depository, etc. Amalgamated Bank	
safety deposit bo Name of Bank, D	Depository, etc. Amalgamated Bank	
safety deposit bo Name of Bank, D	Depository, etc. Amalgamated Bank 1825 K St Washington DC 20006	IP CODE
safety deposit bo Name of Bank, D	Depository, etc. Amalgamated Bank 1825 K St Washington CITY STATE ZI	IP CODE
safety deposit bo Name of Bank, E Mailing Address	Depository, etc. Amalgamated Bank 1825 K St Washington CITY STATE ZI Depository, etc.	IP CODE
safety deposit bo Name of Bank, E Mailing Address	Depository, etc. Amalgamated Bank 1825 K St Washington CITY STATE ZI Depository, etc.	P CODE
safety deposit bo Name of Bank, D Mailing Address Name of Bank, D	Depository, etc. Amalgamated Bank 1825 K St Washington CITY STATE ZI Depository, etc.	IP CODE

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi			
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected Heinrich Victory F	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
<u> </u>			
Mailing Address	1050 17TH ST NW STE 590		
	Washington	DC	20036
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		t Fundraising Representa	ative Leadership PAC Sp
	Affiliated Committee Joint y by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY Teleprises: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Page _6_ **of** _10__

5(a)	or(h). Joint Fundraisin	g Participant:		
O(9)	1.	<u>, , , , , , , , , , , , , , , , , , , </u>	FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
			FEC ID number	C
	4.		I LO ID Hullibel	O , , , , , , , , , , , , , , , , , , ,
6.		Organization, Affiliated Committee, Joint Fundr Mexico Victory Fund 2020	raising Representative	e, or Leadership PAC Sponsor
	Mailing Address	P.O. BOX 2250		
		Las Cruces	NM	88004
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	d Organization	Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
		I		
	TITLE OR POSITION	_ CITY ▲	STATE ▲	ZIP CODE ▲
	TITLE OR POSITION	•	STATE A	ZIP CODE 🛦
9.		ries: List all banks or other depositories in which	elephone Number	
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which	elephone Number	
9.	Banks or Other Depositors safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which	elephone Number	
9.	Banks or Other Depositors safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which	elephone Number	

FEC Form 1S (Revised 02/2017)

5(g) or (l	h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	С
	4.		FEC ID number	С
_				
6. N		Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	Democratic Grass	roots Victory Fund		
		430 South Capitol St SE		
	Mailing Address			
				00000
		Washington	DC DC	20003
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
_				
— 8. D e	esignated Agent: Identify	by name, address (phone number – optional)	1 1 1 1 1 1 1	
— 8. D e		by name, address (phone number – optional)		
3. D @	Full Name	by name, address (phone number – optional)		
	Full Name			
	Full Name Mailing Address	CITY A	STATE A	ZIP CODE A
	Full Name	CITY A	STATE A	
——————————————————————————————————————	Full Name	CITY CITY Teles: List all banks or other depositories in which to	ephone Number	ZIP CODE A
——————————————————————————————————————	Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or material depositions are of Bank, epository, etc.	CITY CITY Teles: List all banks or other depositories in which to	ephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

5(g)	or(h). Joint Fundraising	g Participant:		
(3)	1.		FEC ID number	
	2.		FEC ID number	
	3.		FEC ID number	$\overline{\Box}$
	4.		FEC ID number	$\overline{\Box}$
6.			aising Representative, or Leadership PAC Spons	sor
	Dollars For Democ	crats		
		. 420 South Copital NE		
	Mailing Address	430 South Capitol, NE		
		Suite 300		ш
		Washington	DC 20003 -	
	Relationship:	CITY ▲	STATE ▲ ZIP CODE ▲	
	Connected	Organization Affiliated Committee X Joint	Fundraising Representative Leadership PAC Sp	onsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
		by name, address (phone number – optional)		. 1
	Full Name	by name, address (phone number – optional)		
		by name, address (phone number – optional)		
	Full Name	by name, address (phone number – optional)		
	Full Name	by name, address (phone number – optional)		
	Full Name	CITY A	STATE A ZIP CODE A	
	Full Name	CITY A	STATE A ZIP CODE A	
9.	Full Name	CITY A Tes: List all banks or other depositories in which		s
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor	CITY A Tes: List all banks or other depositories in which	elephone Number	s
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank,	CITY A Tes: List all banks or other depositories in which	elephone Number	s
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	CITY A Tes: List all banks or other depositories in which	elephone Number	s
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	CITY A Tes: List all banks or other depositories in which	elephone Number	s

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g)	or(h). Joint Fundraisin	Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	С
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address	611 Pennsylvania Ave SE		
	Mailing Address	Num 143		
		Washington	DC	20003
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	ative Leadership PAC Sponsor
0	Designated Agents Identify	by name address (share number antique)		
8.	Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name _ _ _ Mailing Address TITLE OR POSITION	CITY A	STATE A	ZIP CODE A
8. 9.	Full Name _ _ _ Mailing Address TITLE OR POSITION	CITY CITY ies: List all banks or other depositories in which intains funds.	elephone Number	

FEC Form 1S (Revised 02/2017)

5(g) c	or(h). Joint Fundraisin	g Participant:		
	1		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	Biden Victory Fund	d 		
	Mailing Address	430 South Capitol St SE		
		1		
		Washington	DC	20003
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name	CITY A		
9.	Full Name Mailing Address TITLE OR POSITION	CITY A Teles: List all banks or other depositories in which t	STATE ▲ lephone Number	ZIP CODE A
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank,	CITY A Teles: List all banks or other depositories in which t	STATE ▲ lephone Number	ZIP CODE A
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY A Teles: List all banks or other depositories in which t	STATE ▲ lephone Number	ZIP CODE A
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY A Teles: List all banks or other depositories in which t	STATE ▲ lephone Number	ZIP CODE A