**FEC** 

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Lara for a Better New Mexico PO Box 27130 ADDRESS (number and street) (Check if address is changed) Albuquerque 87125 NM CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS smele@mbacg.com (Check if address is changed) Optional Second E-Mail Address Isnyder@mbacg.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.LaraForABetterNM.com (Check if address is changed) DATE 30 2017 C00646612 FEC IDENTIFICATION NUMBER > 3. X 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. Duffy, Katherine, M.,, Type or Print Name of Treasurer Duffy, Katherine, M.,, [Electronically Filed] 05 30 2017 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

		- 0
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	COMMITTEE	
(a) <b>x</b>		.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Cor information below.)	nplete the candidate
Name of Candidate	Lara. Damian	
Candidate Party Affil	DEM	State NM District 01
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party C	ommittee:	
(d)	(National, State This committee is a 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 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 Fu	ndraising 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.	
(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
Co	ommittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4		

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Write or Type Committee Nan		
Lara for a Bette	er New Mexico	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	lership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connecto	ed Organization	Leadership PAC Sponsor
_		
<ol> <li>Custodian of Records: Idea books and records.</li> <li>Mele, Ste</li> </ol>	entify by name, address (phone number optional) and position of the person in even, , ,	possession of committee
Full Name	,611 Pennsylvania Ave SE, Unit 143	
Mailing Address	OTT Fillisylvania Ave SE, Olit 145	
	Washington DC 2000	3
Title or Position	CITY STATE	ZIP CODE
Assistant Treasurer	Telephone number	
Towns List the name		ware and address of
<ol> <li>Treasurer: List the name a any designated agent (e.g.,</li> </ol>	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
Full Name Duffy, Ka	therine, M., ,	
Mailing Address	6364 Isleta Blvd SW	
	Albuquerque   NM   8710	5 , , , , , , , , , , , , , , , , ,
	CITY STATE	ZIP CODE
Title or Position Treasurer		l , , l-l , , ,

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Full Name of Designated Me Agent	ele, Steven, , ,	
Mailing Address	611 Pennsylvania Ave SE, Unit 143	
	Washington DC 2000	)3
	CITY STATE	ZIP CODE
Title or Position Assistant Treasurer		
safety deposit boxes  Name of Bank, Depo	ository, etc.	iolds accounts, rents
safety deposit boxes  Name of Bank, Depo	or maintains funds.	iolds accounts, rents
safety deposit boxes  Name of Bank, Depo	or maintains funds. psitory, etc.  malgamated Bank 1825 K St NW	
safety deposit boxes  Name of Bank, Depo	or maintains funds. esitory, etc.  malgamated Bank  1825 K St NW	
safety deposit boxes  Name of Bank, Depo	or maintains funds.  pository, etc.  malgamated Bank  1825 K St NW  Washington  CITY  STATE	06
safety deposit boxes  Name of Bank, Depo	or maintains funds.  pository, etc.  malgamated Bank  1825 K St NW  Washington  CITY  STATE	06
safety deposit boxes  Name of Bank, Depo	or maintains funds.  pository, etc.  malgamated Bank  1825 K St NW  Washington  CITY  STATE	06
safety deposit boxes  Name of Bank, Depo	or maintains funds.  pository, etc.  malgamated Bank  1825 K St NW  Washington  CITY  STATE	06
safety deposit boxes  Name of Bank, Depo	or maintains funds.  pository, etc.  malgamated Bank  1825 K St NW  Washington  CITY  STATE	06