

Stephen Pankretz, Chairman/Treasurer
Independent American Party of New Mexico
1075 Mesa Loop NW
Los Lunas, NM 87031
September 26, 2014

RECEIVED
2014 OCT -1 AM 11:46
FEC MAIL CENTER

IDENTIFICATION NUMBER: C00563270

REFERENCE: Termination of Independent American Party of New Mexico

Maureen Benitz
Senior Campaign Finance Analyst
Reports Analysis Division
Federal Elections Commission
999 E Street, NW
Washington, D.C. 20463

Dear Maureen:

Thank you for spending the time and explaining the options the Independent American Party of New Mexico could take in regards to the Federal Elections Commission rules.

I hereby submit amended form F3X for the last reporting period with all schedules with the TERMINATION box checked. There were no receipts or expenditures of money, neither was there any loans to the Party.

If there is anything else that is needed please contact me at the above address, or email me at spankret@qwest.net, or call me at (505) 620-2155.

Sincerely,



Stephen Pankretz
Chairman/Treasurer

COPY OF LETTER SENT
ON AUGUST 15, 2014

Stephen Pankretz, Chairman/Treasurer
Independent American Party of New Mexico
1075 Mesa Loop NW
Los Lunas, NM 87031
August 15, 2014

IDENTIFICATION NUMBER: C00563270

REFERENCE: LETTER TO KATHY FARNSWORTH DATED JULY 28, 2014

Rosa Lewis
Senior Campaign Finance Analyst
Reports Analysis Division
Federal Elections Commission
[Street Address]
Washington, D.C. 20463

Dear Rosa:

I want to apologize for registering before we met the qualifications set forth on the FEC.GOV website. As you may have surmised, the Independent American Party of New Mexico does not have donations exceeding \$1,000 or have a candidate for Federal office. Neither have we held a state convention. As such we don't meet the qualifications the Federal Election Commission has set to be a qualified state party.

We are affiliated with the national Independent American Party and meet with them on a weekly basis. We have bylaws that were sent to New Mexico Secretary of State and are included with this letter.

Our initial treasurer has moved on and I recently filed form 1 (electronically) showing me as the chairman and treasurer. The latest quarterly report (3x) has also been filed (electronically) which shows zero starting balance and ending balance with no donation or expenditures for the quarter.

We have plans to grow our party and have candidates for the 2016 elections and desire to maintain our name and/or registration if possible. Since we do not meet the financial or candidate requirements yet what options are available to us?

Sincerely,



Stephen Pankretz
Chairman/Treasurer

PLEASE IGNORE

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
2014 OCT -1 AM 11:46

Office Use Only

FEC MAIL CENTER

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

12FE4M5

I n d e p e n d e n t A m e r i c a n P a r t y o f N e w M e x i c o

ADDRESS (number and street)

1 0 7 5 M e s a L o o p N W

Check if different than previously reported. (ACC)

L o s L u n a s N M 8 7 0 3 1 - 8 3 2 8

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 0 0 5 6 3 2 7 0

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

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)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- May 20 (M5)
- Aug 20 (M8)
- Nov 20 (M11) (Non-Election Year Only)
- Mar 20 (M3)
- Jun 20 (M6)
- Sep 20 (M9)
- Dec 20 (M12) (Non-Election Year Only)
- Apr 20 (M4)
- Jul 20 (M7)
- Oct 20 (M10)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(d) 30-Day POST-Election Report for the:

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

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

through

M M / D D / Y Y Y Y

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 Stephen Pankretz

Signature of Treasurer

Stephen Pankretz
Stephen Pankretz

Digitally signed by Stephen Pankretz
DN: cn=Stephen Pankretz, o=US, email=spankretz@quest.net, c=US
Date: 2014.09.25 11:33:09 -0700

Date

0 9 / 2 5 / 2 0 1 4

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 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Report Covering the Period: From:

M	M
0	4

 /

D	D
0	1

 /

Y	Y	Y	Y
2	0	1	4

 To:

M	M
0	6

 /

D	D
3	0

 /

Y	Y	Y	Y
2	0	1	4

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1, <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>	0	0	0	0		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>	0	0	0	0
0	0	0	0							
0	0	0	0							
(b) Cash on Hand at Beginning of Reporting Period.....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>	0	0	0	0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>	0	0	0	0
0	0	0	0							
0	0	0	0							
(c) Total Receipts (from Line 19)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>	0	0	0	0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>	0	0	0	0
0	0	0	0							
0	0	0	0							
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>	0	0	0	0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>	0	0	0	0
0	0	0	0							
0	0	0	0							
7. Total Disbursements (from Line 31).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>	0	0	0	0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>	0	0	0	0
0	0	0	0							
0	0	0	0							
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>	0	0	0	0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>	0	0	0	0
0	0	0	0							
0	0	0	0							
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>	0	0	0	0					
0	0	0	0							
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>	0	0	0	0					
0	0	0	0							

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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 Disbursements

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0 0 0 0	0 0 0 0
29. Other Disbursements	0 0 0 0	0 0 0 0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0 0 0 0	0 0 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0 0 0 0	0 0 0 0

HOLD - NO - 2004

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

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

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17
------------------------------------	------------------------------------	------------------------------------	-----------------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

INDEPENDENT AMERICAN PARTY OF NEW MEXICO

Full Name (Last, First, Middle Initial)

A.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

0 0 0 0

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Amount

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Amount

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount

SUBTOTAL of Receipts This Page (optional)..... ▶

Amount

TOTAL This Period (last page this line number only)..... ▶

Amount

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

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

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

INDEPENDENT AMERICAN PARTY OF NEW MEXICO

Full Name (Last, First, Middle Initial)

A.		Date of Disbursement
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Purpose of Disbursement	<input type="text"/> Category/ Type	Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

B.		Date of Disbursement
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Purpose of Disbursement	<input type="text"/> Category/ Type	Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

C.		Date of Disbursement
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Purpose of Disbursement	<input type="text"/> Category/ Type	Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	FOR LINE 13 OF FORM 3X	

NAME OF COMMITTEE (In Full)
 INDEPENDENT AMERICAN PARTY OF NEW MEXICO

LOAN SOURCE Full Name (Last, First, Middle Initial)			Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address			
City	State	ZIP Code	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

% (apr)

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input type="text"/>
TOTALS This Period (last page in this line only).....▶	<input type="text"/>

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

1-800-438-8000

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

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 Information found on
 Page ____ of Schedule C

NAME OF COMMITTEE (In Full) Independent American Party of New Mexico	FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C 0 0 5 6 3 2 7 0 </div>
---	--

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0 </div>	Interest Rate (APR) <div style="border: 1px solid black; padding: 2px; display: inline-block;"> % </div>
Mailing Address	Date Incurred or Established M M / D D / Y Y Y Y	
City State Zip Code	Date Due M M / D D / Y Y Y Y	

A. Has loan been restructured? No Yes If yes, date originally incurred M M / D D / Y Y Y Y

B. If line of credit, Amount of this Draw: Total Outstanding Balance:

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule 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?
 No Yes If yes, specify: _____

 What is the value of this collateral?
 Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____

 What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account: _____

Date account established: M M / D D / Y Y Y Y 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 Signature	DATE M M / D D / Y Y Y Y
--	---

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 the 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 Signature	DATE M M / D D / Y Y Y Y
Title	

ORIGINAL COPY TO BE FILED WITH THE FEDERAL ELECTION COMMISSION

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE	OF
	FOR LINE NUMBER: (check only one)	
	<input type="checkbox"/>	9
	<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
INDEPENDENT AMERICAN PARTY OF NEW MEXICO

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)..... ▶	0 0 0 0
2) TOTALS This Period (last page this line number only)..... ▶	0 0 0 0
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶	0 0 0 0
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	0 0 0 0

FORM 1041-1001-0001

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE OF
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) INDEPENDENT AMERICAN PARTY OF NEW MEXICO	FEC IDENTIFICATION NUMBER ▼ C 0 0 5 6 3 2 7 0
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<table style="display: inline-table; border: 1px solid black; margin-right: 10px;">M M M / D D D / Y Y Y Y 0 8 / 1 3 / 2 0 1 4</table>	

Full Name of Payee	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y
Mailing Address	Amount
City State Zip Code	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y
Purpose of Expenditure	Category/Type
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y
Mailing Address	Amount
City State Zip Code	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y
Purpose of Expenditure	Category/Type
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0 0 0 0
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	0 0 0 0
(c) TOTAL Independent Expenditures.....▶	0 0 0 0

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Stephen Pankretz
 Digitally signed by Stephen Pankretz
 DN: cn=Stephen Pankretz, o=IA, email=spankretz@ipnewmex.net, c=US
 Date: 2014.09.25 13:54:46 -0500

Signature _____ Date

SCHEDULE F (FEC Form 3X)

**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE	OF
FOR LINE 25 OF FORM 3X	

NAME OF COMMITTEE (In Full)

INDEPENDENT AMERICAN PARTY OF NEW MEXICO

Has your committee been designated to make coordinated expenditures by a political party committee?
 YES NO
 If YES, name the designating committee:

Full Name of Subordinate Committee

Mailing Address

City State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure		<input type="text"/>
Mailing Address		Date		Category/Type
City State Zip Code		<input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____	Amount
Aggregate General Election Expenditure for this Candidate ▶		<input type="text"/>		
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure		<input type="text"/>
Mailing Address		Date		Category/Type
City State Zip Code		<input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____	Amount
Aggregate General Election Expenditure for this Candidate ▶		<input type="text"/>		
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure		<input type="text"/>
Mailing Address		Date		Category/Type
City State Zip Code		<input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____	Amount
Aggregate General Election Expenditure for this Candidate ▶		<input type="text"/>		

SUBTOTAL of Expenditures This Page (optional).....▶	<input type="text"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

FORM 1100 71000

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)

Independent American Party of New Mexico

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check

or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

Administrative Generic Voter Drive Public Communications Referencing Party Only

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)

INDEPENDENT AMERICAN PARTY OF NEW MEXICO

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> %	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> %
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> %	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> %
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> %	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> %
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> %	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> %
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> %	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> %
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> %	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> %

1-800-424-9546

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE _____ OF _____
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)
INDEPENDENT AMERICAN PARTY OF NEW MEXICO

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	<input type="text"/>
ii) Generic Voter Drive	<input type="text"/>
iii) Exempt Activities	<input type="text"/>
iv) Direct Fundraising (List Activity or Event Identifier)	
a) _____	<input type="text"/>
b) _____	<input type="text"/>
c) Total Amount Transferred For Direct Fundraising	<input type="text"/>
v) Direct Candidate Support (List Activity or Event Identifier)	
a) _____	<input type="text"/>
b) _____	<input type="text"/>
c) Total Amount Transferred For Direct Candidate Support	<input type="text"/>
vi) Public Communications Referring Only to Party (Made by PAC)	<input type="text"/>

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	<input type="text"/>
TOTAL This Period (Generic Voter Drive)	<input type="text"/>
TOTAL This Period (Exempt Activities)	<input type="text"/>
TOTAL This Period (Direct Fundraising)	<input type="text"/>
TOTAL This Period (Direct Candidate Support)	<input type="text"/>
TOTAL This Period (Public Communications Referring Only to Party)	<input type="text"/>
TOTAL This Period (Total Amount Transferred)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

NON-FEDERAL ACCOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
 INDEPENDENT AMERICAN PARTY OF NEW MEXICO

A. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	
Purpose of Disbursement:		Category/Type	Allocated Activity or Event Year-To-Date
Activity or Event Identifier:			Date
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	
Purpose of Disbursement:		Category/Type	Allocated Activity or Event Year-To-Date
Activity or Event Identifier:			Date
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	
Purpose of Disbursement:		Category/Type	Allocated Activity or Event Year-To-Date
Activity or Event Identifier:			Date
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
				0 0 0 0

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
				0 0 0 0

1300114NOV142004

SCHEDULE H5 (FEC Form 3X)

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR
ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

PAGE _____ OF _____
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)
INDEPENDENT AMERICAN PARTY OF NEW MEXICO

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

BREAKDOWN OF THIS TRANSFER

i) Voter Registration	VOTER REGISTRATION
Total Amount Transferred for Voter Registration.....	<input type="text"/>
ii) Voter ID	VOTER ID
Total Amount Transferred for Voter ID	<input type="text"/>
iii) GOTV	GOTV
Total Amount Transferred for GOTV	<input type="text"/>
iv) Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Generic Campaign Activity	<input type="text"/>

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

BREAKDOWN OF THIS TRANSFER

i) Voter Registration	VOTER REGISTRATION
Total Amount Transferred for Voter Registration.....	<input type="text"/>
ii) Voter ID	VOTER ID
Total Amount Transferred for Voter ID	<input type="text"/>
iii) GOTV	GOTV
Total Amount Transferred for GOTV	<input type="text"/>
iv) Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Generic Campaign Activity	<input type="text"/>

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....	<input type="text"/>
TOTAL This Period (Voter ID)	<input type="text"/>
TOTAL This Period (GOTV).....	<input type="text"/>
TOTAL This Period (Generic Campaign Activity).....	<input type="text"/>
TOTAL This Period (Total Amount of Transfers Received).....	<input type="text" value="0000"/>

130011400110001

**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)
INDEPENDENT AMERICAN PARTY OF NEW MEXICO

A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date <input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y"/>
Purpose of Disbursement		Category/Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date <input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y"/>
Purpose of Disbursement		Category/Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date <input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y"/>
Purpose of Disbursement		Category/Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page			
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))			
FEDERAL SHARE		LEVIN SHARE	TOTAL AMOUNT
TOTAL This Period for the Levin Share			

FRONT PAGE

SCHEDULE L (FEC Form 3X)
AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full) INDEPENDENT AMERICAN PARTY OF NEW MEXICO
NAME OF ACCOUNT

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)		
(b) Unitemized		
(c) Total		
2. OTHER RECEIPTS		
3. TOTAL RECEIPTS	0 0 0 0	0 0 0 0
<small>(Add Lines 1c and 2)</small>		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT		
<small>(Use Schedule L-B)</small>		
(a) Voter Registration		
(b) Voter ID		
(c) GOTV		
(d) Generic Campaign		
(e) Total		
5. OTHER DISBURSEMENTS		
6. TOTAL DISBURSEMENTS	0 0 0 0	0 0 0 0
<small>(Add Lines 4e and 5)</small>		
7. BEGINNING CASH ON HAND		
<small>(for Column B, use cash as of January 1st)</small>		
8. RECEIPTS		
<small>(from Line 3)</small>		
9. SUBTOTAL		
<small>(Add Lines 7 and 8)</small>		
10. DISBURSEMENTS		
<small>(From Line 6)</small>		
11. ENDING CASH ON HAND	0 0 0 0	0 0 0 0
<small>(Subtract Line 10 From Line 9)</small>		

200805190901100000

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

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

PAGE OF

FOR LINE NUMBER:
 (check only one)

1a 2

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

INDEPENDENT AMERICAN PARTY OF NEW MEXICO

<p>A.</p> <p>Full Name (Last, First, Middle Initial) / Full Organization Name</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p>
<p>Mailing Address</p>	
<p>City State Zip Code</p>	<p>Amount of Each Receipt this Period</p>
<p>Name of Employer or Principal Place of Business</p>	<p>Aggregate Year-to-Date</p>
<p>Occupation</p>	
<p>B.</p> <p>Full Name (Last, First, Middle Initial) / Full Organization Name</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p>
<p>Mailing Address</p>	
<p>City State Zip Code</p>	<p>Amount of Each Receipt this Period</p>
<p>Name of Employer or Principal Place of Business</p>	<p>Aggregate Year-to-Date</p>
<p>Occupation</p>	
<p>C.</p> <p>Full Name (Last, First, Middle Initial) / Full Organization Name</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p>
<p>Mailing Address</p>	
<p>City State Zip Code</p>	<p>Amount of Each Receipt this Period</p>
<p>Name of Employer or Principal Place of Business</p>	<p>Aggregate Year-to-Date</p>
<p>Occupation</p>	
<p>D.</p> <p>Full Name (Last, First, Middle Initial) / Full Organization Name</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p>
<p>Mailing Address</p>	
<p>City State Zip Code</p>	<p>Amount of Each Receipt this Period</p>
<p>Name of Employer or Principal Place of Business</p>	<p>Aggregate Year-to-Date</p>
<p>Occupation</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>	<p>0 0 0 0</p>

FROM: 1-10-01: 1001

**SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS**

Use separate schedule(s) for each category of the Aggregation Page	FOR LINE NUMBER: (check only one)	PAGE	OF
	<input type="checkbox"/> 4a <input type="checkbox"/> 4b	<input type="checkbox"/> 4c <input type="checkbox"/> 4d	<input type="checkbox"/> 5

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
INDEPENDENT AMERICAN PARTY OF NEW MEXICO

Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Disbursement
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>

City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			<input type="text"/>

Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Disbursement
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>

City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			<input type="text"/>

Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Disbursement
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>

City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			<input type="text"/>

Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Disbursement
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>

City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			<input type="text"/>

Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Disbursement
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>

City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			<input type="text"/>

SUBTOTAL of Disbursements This Page (optional)..... ▶			<input type="text"/>
TOTAL This Period (last page this line number only)..... ▶			<input type="text"/>

1-800-4-NOW-9400

To Open

Schedule package pickup right from your home or office at usps.com/pickup

Print postage online - Go to usps.com/postageonline



USPS TRACKING #



9114 9012 3080 1728 7612 80

UNITED STATES POSTAL SERVICE

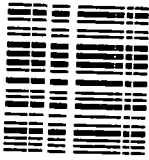
Label 400 Jan 2013
7690-16-000-7948

PLEASE PRESS FIRMLY



1006

211463



U.S. POSTAGE
PAID
INDC / INDC NIM
87031
ZIP CODE
AMOUNT
\$5.75
#111111111111-12
Priority Mail



Flat Rate Mailing Envelope

For Domestic and International Use

Visit us at usps.com

Any amount of mailable material may be enclosed, as long as the envelope is not modified, and the contents are entirely confined within the envelope with the adhesive provided as the means of closure.

INTERNATIONAL RESTRICTIONS APPLY:

4-POUND WEIGHT LIMIT ON INTERNATIONAL APPLIES

Customs forms are required. Consult the *International Mail Manual (IMM)* at pe.usps.gov or ask a retail associate for details.



USPS packaging products have been awarded Cradle to Cradle CertificationsSM for their ecologically-intelligent design. For more information go to mbdc.com/usps. Cradle to Cradle CertifiedSM is a certification mark of MBDC.

Please recycle.



Recycled Paper

Label 228, January 2008

RECEIVED

OCT - 1 AM 11:46

FEC MAIL CENTER



EP14F

PRIORITY[®]



MAIL

For Domestic
and International Use

UNITED STATES POSTAL SERVICE

FROM: STEPHEN RANKERZ
900 563 270
1075 WESA LOOP NW
BOSTON, MA 87031
PRIORITY MAIL

TO

MAUREEN BENITEZ
FEDERAL ELECTIONS COMM.
999 E. STREET, NW
WASHINGTON DC 20463



PRIORITY MAIL
MAUREEN BENITEZ
FEDERAL ELECTIONS COMM.
999 E. STREET, NW
WASHINGTON DC 20463

