PAGE 1 / 2

## 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

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		—	
NM 871	08		
3. OFFICE SOUGHT (State and District)		4. FEC IDENTIFICATION NUMBER	
House	NM 01	C00501254	
YES, IT AMENDS THE	NOTICE FILED ON	//_	
Name of Employer		Date (month,	Amount
			1000.00
		00,01,2010	
Transaction ID : C	10975425		
Occupation			
Name of Employer		Date (month,	Amount
		day, year)	
		06/02/2016	500.00
	0075404		
	10975421		
Occupation			
Name of Employer		Date (month,	Amount
			500.00
		00/02/2010	500.00
Transaction ID : C	10975422		
Occupation			
Name of Employer		Date (month,	Amount
		day, year)	
		06/02/2016	1000.00
	10975423		
Occupation			
Name of Employer		Date (month,	Amount
		day, year)	
		06/02/2016	1000.00
Transaction ID + C10075424			
	103/3424	_	
Cooperion			
[Electronically Filed]		For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100	
	3. OFFICE SOUGHT (S   House   YES, IT AMENDS THE   Name of Employer   Transaction ID : C'   Occupation   Name of Employer	3. OFFICE SOUGHT (State and District) House NM 01   YES, IT AMENDS THE NOTICE FILED ON Name of Employer   Image: Name of Employer Image: Name of Employer   Transaction ID : C10975425 Occupation   Name of Employer Image: Name of Employer   Transaction ID : C10975421 Occupation   Occupation Name of Employer   Transaction ID : C10975422 Occupation   Name of Employer Image: Name of Employer   Transaction ID : C10975423 Occupation   Name of Employer Image: Name of Employer   Transaction ID : C10975423 Occupation   Name of Employer Image: Name of Employer   Transaction ID : C10975424 Occupation   Name of Employer Image: Name of Employer   Transaction ID : C10975424 Occupation   Name of Employer Image: Name of Employer   Transaction ID : C10975424 Occupation   Name of Employer Image: Name of Employer   Transaction ID : C10975424 Occupation	3. OFFICE SOUGHT (State and District) 4. FEC IDENTIFICATION C00501254   Yes, IT AMENDS THE NOTICE FILED ON //   Name of Employer Date (month, day, year)   06/02/2016   Transaction ID : C10975425   Occupation   Name of Employer   Date (month, day, year)   06/02/2016   Transaction ID : C10975421   Occupation   Name of Employer   Name of Employer   Date (month, day, year)   06/02/2016   Transaction ID : C10975421   Occupation   Name of Employer   Date (month, day, year)   06/02/2016   Transaction ID : C10975422   Occupation   Name of Employer   Date (month, day, year)   06/02/2016   Transaction ID : C10975423   Occupation   Name of Employer   Date (month, day, year)   06/02/2016   Transaction ID : C10975424   Occupation   Name of Employer   Date (month, day, year)   06/02/2016   Transaction ID : C10975424

Any information copied from reports and statements filed under the Federal Election Campaign Act 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.



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1. NAME OF COMMITTEE IN FULL Friends of Michelle		7	
ADDRESS (number and street) P.O. Box 25422		_	
CITY, STATE, and ZIP CODE		continuatior	0000
Albuquerque	NM 87108		
2. NAME OF CANDIDATE	3. OFFICE SOUGHT (State and District)	E SOUGHT (State and District) 4. FEC IDENTIFICATION NUMBER	
Ms. Michelle Lujan Grisham	House NM 01	C00501254	
5. IS THIS AN AMENDMENT? NO, THIS IS A NEW FILING	YES, IT AMENDS THE NOTICE FILED ON	//	
A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT		day, year) 06/02/2016	1000.00
702 SW 8th St		00,01,2010	
	Transaction ID : C10975186		
Bentonville AR 72716-6209	Occupation		
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
	Occupation		
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
		day, year)	
	Occupation		
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
		ady, your)	
	Occupation		
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
L. FOLL NAME, MAILING ADDRESS AND ZIF CODE		day, year)	
	Occupation		

