

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation ENVIRONMENT NEW MEXICO		3. FEC Identification Number C C90011008
(b) Address (number and street) <input checked="" type="checkbox"/> check if different than previously reported PO BOX 40173		
(c) City, State and ZIP Code ALBUQUERQUE NM 87196		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year-End Report

24-Hour Report
 48-Hour Report

b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

M M / D D / Y Y Y Y	/	M M / D D / Y Y Y Y	/	M M / D D / Y Y Y Y
07		01		2012
THROUGH				
M M / D D / Y Y Y Y		M M / D D / Y Y Y Y		M M / D D / Y Y Y Y
09		30		2012

6. TOTAL CONTRIBUTIONS 0.00

7. TOTAL INDEPENDENT EXPENDITURES 6463.22

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 any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Sanders Moore	<i>Sanders Moore</i> <i>[Electronically Filed]</i>	09/30/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:
 Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
ENVIRONMENT NEW MEXICO

Full Name (Last, First, Middle Initial) of Payee Ampersand Mountain Creative		Date MM / DD / YYYY 07 / 13 / 2012
Mailing Address 15 Burwell Road		Amount 340.00 Transaction ID : F57.4109
City West Roxbury	State MA	
Zip Code 02132	Category/Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: _____
Purpose of Expenditure develop materials		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: MARTIN TREVOR HEINRICH		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 382.64		

Full Name (Last, First, Middle Initial) of Payee Sanders Moore		Date MM / DD / YYYY 07 / 02 / 2012
Mailing Address PO BOX 40173		Amount 42.64 Transaction ID : F57.4108
City ALBUQUERQUE	State NM	
Zip Code 88719	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: _____
Purpose of Expenditure staff time developing materials and briefing staff		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: MARTIN TREVOR HEINRICH		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 42.64		

Full Name (Last, First, Middle Initial) of Payee Sanders Moore		Date MM / DD / YYYY 08 / 06 / 2012
Mailing Address PO BOX 40173		Amount 149.24 Transaction ID : F57.4112
City ALBUQUERQUE	State NM	
Zip Code 88719	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: _____
Purpose of Expenditure staff time developing materials and designing voter contact program		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: MARTIN TREVOR HEINRICH		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 6341.14		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	531.88
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	
(carry total from last page forward to Line 7)		

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

ENVIRONMENT NEW MEXICO

Full Name (Last, First, Middle Initial) of Payee
Sanders Moore

Date

08 / 23 / 2012

Mailing Address PO BOX 40173

Amount

10.66

Transaction ID : F57.4113

City State Zip Code
ALBUQUERQUE NM 88719

Purpose of Expenditure
staff time developing media materials

Category/Type 001

Office Sought: House State: NM
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
BARACK OBAMA

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 6351.80

Disbursement For: Primary General
2012 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Sanders Moore

Date

08 / 24 / 2012

Mailing Address PO BOX 40173

Amount

21.32

Transaction ID : F57.4114

City State Zip Code
ALBUQUERQUE NM 88719

Purpose of Expenditure
staff time designing voter contact program

Category/Type 001

Office Sought: House State: NM
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
MARTIN TREVOR HEINRICH

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 6373.12

Disbursement For: Primary General
2012 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Sanders Moore

Date

09 / 05 / 2012

Mailing Address PO BOX 40173

Amount

10.66

Transaction ID : F57.4115

City State Zip Code
ALBUQUERQUE NM 88719

Purpose of Expenditure
staff time developing message

Category/Type 001

Office Sought: House State: NM
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
MARTIN TREVOR HEINRICH

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 6383.78

Disbursement For: Primary General
2012 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures 42.64

(b) **SUBTOTAL** of Unitemized Independent Expenditures.....

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

ENVIRONMENT NEW MEXICO

Full Name (Last, First, Middle Initial) of Payee
Sanders Moore

Date

09 / 29 / 2012

Mailing Address PO BOX 40173

Amount

44.34

Transaction ID : F57.4117

City State Zip Code
ALBUQUERQUE NM 88719

Purpose of Expenditure
staff time on public event

Category/Type 001

Office Sought: House State: NM
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
HEATHER A WILSON

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 6435.14

Disbursement For: Primary General
2012 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
RMA II, LLC

Date

07 / 23 / 2012

Mailing Address 1312 17th Street

Amount

3694.54

Transaction ID : F57.4111

City State Zip Code
Denver CO 80202

Purpose of Expenditure
print materials to distribute to voters

Category/Type 004

Office Sought: House State: NM
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
MARTIN TREVOR HEINRICH

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 6191.90

Disbursement For: Primary General
2012 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Erika Seguin

Date

09 / 14 / 2012

Mailing Address PO BOX 40173

Amount

7.02

Transaction ID : F57.4116

City State Zip Code
ALBUQUERQUE NM 88719

Purpose of Expenditure
staff time developing messaging

Category/Type 001

Office Sought: House State: NM
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
MARTIN TREVOR HEINRICH

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 6390.80

Disbursement For: Primary General
2012 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures 3745.90

(b) **SUBTOTAL** of Unitemized Independent Expenditures.....

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

ENVIRONMENT NEW MEXICO

Full Name (Last, First, Middle Initial) of Payee Erika Seguin		Date MM / DD / YYYY 09 / 29 / 2012
Mailing Address PO BOX 40173		Amount 28.08 Transaction ID : F57.4118
City ALBUQUERQUE	State NM	
Zip Code 88719	Purpose of Expenditure staff time on public event	Office Sought: <input type="checkbox"/> House State: NM <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Category/Type 001	Name of Federal Candidate Supported or Opposed by Expenditure: HEATHER A WILSON	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 6463.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Meredith Small		Date MM / DD / YYYY 07 / 14 / 2012
Mailing Address 218 D Street SE		Amount 2114.72 Transaction ID : F57.4110
City Washington	State DC	
Zip Code 20003	Purpose of Expenditure print materials to distribute to voters	Office Sought: <input type="checkbox"/> House State: NM <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Category/Type 004	Name of Federal Candidate Supported or Opposed by Expenditure: MARTIN TREVOR HEINRICH	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2497.36	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY
Mailing Address		Amount
City	State	
Zip Code	Purpose of Expenditure	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Category/Type	Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
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.....	2142.80
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	6463.22