## FEC FORM 2 STATEMENT OF CANDIDACY



| STATEMENT OF CAND   | ILLACT  |   |
|---|---|---|
| (a) Name of Candidate (in full)     Richard G. Priem                  |   | 2013 DEC 17 ATT 100   |
| (b) Address (number and street)                                       | Check if address changed                                | 2. Identification Number  |
| 5801 Eubank NE #227   |   | 2.100/14/1004   |
| (c) City, State, and ZIP Code   |   | 3. Is This New Amended  |
| Albuquerque, NM 8711  |   | Statement (N) OR (A)  |
| 4. Party Affiliation Republican                                       | 5. Office Sought U.S. House of Representatives          | State & District of Candidate     New Mexico - Congressional District 1         |
| DE  | ESIGNATION OF PRINCIPAL                                 | CAMPAIGN COMMITTEE  |
| 7. I hereby designate the following na                                | med political committee as my Principal C               | ampaign Committee for the $\frac{2014}{\text{(year of election)}}$ election(s). |
| NOTE: This designation should be                                      | filed with the appropriate office listed in the         | a instructions.   |
| (a) Name of Committee (in full)                                       |   | ,   |
| New Mexicans for  | Richard Priem   |   |
| (b) Address (number and street)                                       |   |   |
| 5801 Eubank NE #  | 227   |   |
| (c) City, State, and ZIP Code   |   |   |
| Albuquerque, NM   | 87111-6194  |   |
| DE  | ESIGNATION OF OTHER AUT                                 | HORIZED COMMITTEES  |
|   | (Including Joint Fundraising                            | Representatives)  |
| <ol><li>I hereby authorize the following nat<br/>candidacy.</li></ol> | med committee, which is NOT my principa                 | I campaign committee, to receive and expend funds on behalf of my               |
| NOTE: This designation should be                                      | filed with the principal ca <del></del> npaign committe | e.  |
| (a) Name of Committee (in full)                                       | <del></del>   | ·   |
| N/A   |   |   |
| (b) Address (number and street)                                       |   |   |
| N/A   |   |   |
| (c) City, State, and ZIP Code   |   |   |
| N/A   |   |   |
| I certify that I have ex  | amined this Statement and to the best of r              | ny knowledge and belief it is true, correct and complete.                       |
| Signature of Candidate  | -   | Date  |
| Reclaid MS  | nem   | December 10, 2014   |
| NOTE: Submission of false, erroneous                                  | s, or incomplete information may subject the            | e person signing this Statement to penalties of 2 U.S.C. §437g.                 |
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FEC FORM 2 (REV. 12/2008)

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Other (Specify): PREPARER DATE PREPARED (8/2013)