

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

GRIEGO FOR CONGRESS

ADDRESS (number and street)

PO BOX 19352

Check if different than previously reported. (ACC)

ALBUQUERQUE

NM

87119

2. FEC IDENTIFICATION NUMBER

C C00495853

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

NM

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

X

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 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

(c) 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 Susan Vance

Signature of Treasurer Susan Vance

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**GRIEGO FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	1032414.97
(b) Total Contribution Refunds (from Line 20(d)) .....	3000.00	16681.81
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-3000.00	1015733.16
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	1890.30	1064357.36
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	577.05
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	1890.30	1063780.31
8. Cash on Hand at Close of Reporting Period (from Line 27).....	19436.30	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	1700.00	

**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 Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**GRIEGO FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	513044.32
(ii) Unitemized.....	0.00	511482.23
(iii) TOTAL of contributions from individuals ▶	0.00	1024526.55
(b) Political Party Committees.....	0.00	72.27
(c) Other Political Committees (such as PACs).....	0.00	7816.15
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	1032414.97
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	1700.00	1700.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	1700.00	1700.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	577.05
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	1700.00	1034692.02

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1890.30	1064357.36
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	3000.00	14681.81
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	3000.00	16681.81
21. OTHER DISBURSEMENTS .....	4250.00	4250.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	9140.30	1085289.17

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	26876.60
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1700.00
25. SUBTOTAL (add Line 23 and Line 24).....	28576.60
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	9140.30
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	19436.30

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 13
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**GRIEGO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Eric Griego**

Mailing Address 1003 Sante Fe SW

City Alburquerque State NM Zip Code 87102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 10 / 2012

**Transaction ID : SA13A.4150**

Amount of Each Receipt this Period  
 1200.00

**B.** Full Name (Last, First, Middle Initial)  
**Eric Griego**

Mailing Address 1003 Sante Fe SW

City Alburquerque State NM Zip Code 87102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 13 / 2012

**Transaction ID : SA13A.4151**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)

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)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1700.00

1700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 13	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**GRIEGO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Ace Beverage</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2012
Mailing Address		Amount of Each Disbursement this Period 104.21
City	State Zip Code	
Purpose of Disbursement Beverages	Candidate Name	Transaction ID : SB17.4129
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Comcast</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2012
Mailing Address 4611 Montbel Place NE		Amount of Each Disbursement this Period 337.08
City	State Zip Code	
Purpose of Disbursement Phones/Internet	Candidate Name	Transaction ID : SB17.4116
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Audrey Edmonds</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2012
Mailing Address 5905 48th Ave.		Amount of Each Disbursement this Period 350.00
City	State Zip Code	
Purpose of Disbursement Payroll	Candidate Name	Transaction ID : SB17.4140
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	791.29
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 13	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**GRIEGO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Audrey Edmonds</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2012
Mailing Address 5905 48th Ave.		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.4142</b>
City Riverdale	State MD	
Zip Code 20737	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Zachary Heinselmann</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2012
Mailing Address 611 Lead Ave SW, Apt. 429		Amount of Each Disbursement this Period 375.00 <b>Transaction ID : SB17.4138</b>
City Albuquerque	State NM	
Zip Code 87102	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. New Mexico Bank and Trust</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2012
Mailing Address 320 Gold SW, Suite 100		Amount of Each Disbursement this Period 32.00 <b>Transaction ID : SB17.4125</b>
City Albuquerque	State NM	
Zip Code 87102	Purpose of Disbursement Bank Service Charge	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	657.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 13			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**GRIEGO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. New Mexico Bank and Trust</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2012
Mailing Address 320 Gold SW, Suite 100		Amount of Each Disbursement this Period 32.00 <b>Transaction ID : SB17.4126</b>
City Albuquerque	State NM Zip Code 87102	
Purpose of Disbursement Bank Service Charge	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. New Mexico Bank and Trust</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2012
Mailing Address 320 Gold SW, Suite 100		Amount of Each Disbursement this Period 32.00 <b>Transaction ID : SB17.4127</b>
City Albuquerque	State NM Zip Code 87102	
Purpose of Disbursement Bank Service Charge	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
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>SUBTOTAL</b> of Disbursements This Page (optional).....	64.00
<b>TOTAL</b> This Period (last page this line number only).....	1512.29



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 13			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**GRIEGO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. James Butler</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2012
Mailing Address 6837 Coldwater Canyon Rd			Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB20A.4132</b>
City Fort Worth	State TX	Zip Code 76132	
Purpose of Disbursement Contribution Refund		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Mark Cavanaugh</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2012
Mailing Address 816 N Oakland St #70			Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB20A.4136</b>
City Arlington	State VA	Zip Code 22203	
Purpose of Disbursement Contribution Refund		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Regina Griego</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2012
Mailing Address 816 N Oakland Apt 709			Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB20A.4134</b>
City Arlington	State VA	Zip Code 22203	
Purpose of Disbursement Contribution Refund		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3000.00
<b>TOTAL</b> This Period (last page this line number only).....	3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 13	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**GRIEGO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Committee to Elect Linda Allison</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2012
Mailing Address P.O. Box 15672		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB21.4168</b>
City Rio Rancho	State NM	
Zip Code 87174	Purpose of Disbursement Contribution to Nonfederal Candidate	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Maestas 2012</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2012
Mailing Address 544 61st Street Northwest		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.4179</b>
City Albuquerque	State NM	
Zip Code 87105	Purpose of Disbursement Nonfederal Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Mary Ellen Broderick for House</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2012
Mailing Address 8522 Flower Place NE		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB21.4171</b>
City Albuquerque	State NM	
Zip Code 87112	Purpose of Disbursement Non-Federal Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 13
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**GRIEGO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Nate Cote for State Rep.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2012
Mailing Address PO Box 537		Amount of Each Disbursement this Period 500.00
City Organ	State NM	
Zip Code 88052		Transaction ID : SB21.4173
Purpose of Disbursement Non-federal contribution	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. New Mexico House Majority Fund</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2012
Mailing Address 313 Moon Street NE		Amount of Each Disbursement this Period 1000.00
City Albuquerque	State NM	
Zip Code 87123		Transaction ID : SB21.4175
Purpose of Disbursement Nonfederal Contribution	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Tim Keller for New Mexico</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012
Mailing Address 11023 Vistazo PL SE		Amount of Each Disbursement this Period 1000.00
City Albuquerque	State NM	
Zip Code 87123		Transaction ID : SB21.4177
Purpose of Disbursement Nonfederal Contribution	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	4250.00

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4150

**GRIEGO FOR CONGRESS**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2012

**Eric Griego**

Primary  
 General  
 Other (specify) ▼

Mailing Address  
1003 Sante Fe SW

City State ZIP Code  
Albuquerque NM 87102

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
1200.00 0.00 1200.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M M / D D / Y Y Y Y M M / D D / Y Y Y Y 0.00 % (apr)  Yes  No

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:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... 1200.00  
**TOTALS** This Period (last page in this line only).....

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

# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4151

GRIEGO FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

Eric Griego

[PERSONAL FUNDS]

Election: 2012

Primary  
 General  
 Other (specify) ▼

Mailing Address  
1003 Sante Fe SW

City State ZIP Code  
Albuquerque NM 87102

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
500.00 0.00 500.00

### TERMS

Date Incurred Date Due Interest Rate Secured:  
09 / 13 / 2012 None 0.00 % (apr)  Yes  No

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: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ 500.00  
**TOTALS** This Period (last page in this line only)..... ▶ 1700.00

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