

RECEIVED
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**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

USE FEC MARKING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

P: N: H: (R: E: S: P: I: O: N: S: I: N: B: I: D:) C: I: T: Y: S: T: A: T: E: S: I: N: G: I: R: O: U: T: E: _____

ADDRESS (number and street)

P: O: B: O: X: 121267 _____

Check if different than previously reported. (ACC)

A: Y: B: U: O: U: E: R: O: U: T: E: _____ N: U: M: 1071101- _____

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

000025395

3. IS THIS REPORT

NEW (N) OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Report:

- 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)

Section on

in the State of _____

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

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

Election on

in the State of _____

6. Covering Period

01 / 01 / 2002

through

03 / 31 / 2002

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 Billy A. Salvo, Assistant Treasurer

Signature of Treasurer

Billy A. Salvo

Date

04 / 13 / 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 9437g.

Office Use Only

FEC FORM 3X
(Revised 1/01)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

PNM Responsible Citizens Group

Report Covering the Period:

From:

0 1 / 0 1 / 2 0 0 2

To:

0 3 / 3 1 / 2 0 0 2

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, 2 0 0 2		5 7 0 9
(b) Cash on Hand at Beginning of Reporting Period	5 7 0 9	
(c) Total Receipts (from Line 18)	2 1 3 2 1 9	2 1 3 2 1 9
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	6 5 8 2 9 8	6 5 8 2 9 8
7. Total Disbursements (from Line 30)	4 0 1 8 6 3	4 0 1 8 6 3
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2 5 7 0 6 5	2 5 7 0 6 5
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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 Receipts

FEC Form 3X (Revised 1/01)

Page 3

Write or Type Committee Name

PNM Responsible Citizens Group

Report Covering the Period: From 01/01/2002 To: 03/31/2002

3. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

- (a) Individuals/Persons Other Than Political Committees
- (b) Itemized (use Schedule A)
- (c) Unitemized
- (d) TOTAL (add Lines 11(a)(i) and (a))

5 0 0 0 0
1 6 3 2 1 9
2 1 3 2 1 9

2 1 3 2 1 9

- (b) Political Party Committees
- (c) Other Political Committees (such as PACs)
- (d) Total Contributions (add Lines 11(a)(ii), (b), and (c)) (Carry Totals to Line 32, page 4)

2 1 3 2 1 9

2 1 3 2 1 9

12. Transfers From Affiliated/Other Party Committees

13. All Loans Received

14. Loan Repayments Received

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 35, page 4)

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees

17. Other Federal Receipts (Dividends, Interest, etc.)

18. Transfers from Nonfederal Account for Joint Activity

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)

2 1 3 2 1 9

2 1 3 2 1 9

20. Total Federal Receipts (subtract Line 18 from Line 19)

2 1 3 2 1 9

2 1 3 2 1 9

2002-03-22 15:27:53

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share	1,863	1,863
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4,000.00	4,000.00
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 Expenditures Made by Party Committees (2 U.S.C. §41a(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))		
29. Other Disbursements		
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	4,018.63	4,018.63
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30)	4,018.63	4,018.63

III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)	2,132.19	2,132.19
33. Total Contribution Refunds (from Line 28(d))	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	2,132.19	2,132.19
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1,863	1,863
36. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)	1,863	1,863

**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 checked="" 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				

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)

PNM Responsible Citizens Group

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. Pete V. Domenici, Senator

01 / 21 / 2002

Mailing Address

P. O. Box 16746

City

State

Zip Code

Albuquerque, NM 87191

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement

Campaign

007
Category/
Type

Candidate Name

Pete Domenici

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State: NM

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

B. Pete V. Domenici, Senator

01 / 21 / 2002

Mailing Address

P. O. Box 16746

City

State

Zip Code

Albuquerque, NM 87191

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement

Campaign

007
Category/
Type

Candidate Name

Pete Domenici

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

C.
Mailing Address

 / /

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional) ▶

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

4000.00

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

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NAME OF COMMITTEE (In Full)
PNM Responsible Citizens Group

Full Name (Last, First, Middle Initial)
A. Mr. Thomas & Mrs. Betty Bryant Morris

Mailing Address
P. O. Box 962

City State Zip Code
Tucumcari, NM 88401

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) **Private Non-Employee**

Aggregate Year-to-Date **5,000.00**

Date of Receipt
02 / 05 / 2002

Amount of Each Receipt this Period
5,000.00

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) **Shareholder**

Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) **5,000.00**

TOTAL This Period (last page this line number only) **5,000.00**

2002030691

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to show how it was received.

<input checked="" type="checkbox"/>	Hand Delivered	D
<input type="checkbox"/>	First Class Mail	P
<input type="checkbox"/>	Registered/Certified Mail	P
<input type="checkbox"/>	No Postmark	
<input type="checkbox"/>	Postmark Illegible	
<input type="checkbox"/>	Received from the House office of Records and Registration	
<input type="checkbox"/>	Received from the Senate Office of Public Records	
<input type="checkbox"/>	Other (Specify)	
<input type="checkbox"/>	Electronic Filing	

Amo
PREPARER