

RECEIVED

FEC
FORM 1

STATEMENT OF
ORGANIZATION

2011 AUG 29 PM 1:48

FEC MAIL CENTER

Office Use Only

1. NAME OF
COMMITTEE (In full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FB4M5

Committee to Elect Michelle Lujan Grisham

ADDRESS (number and street)

2015 Dietz Pl, NW

☐

(Check if address
is changed)

Albuquerque

NM

87107

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐

(Check if address
is changed)

MLGforCongress@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address
is changed)

www.michellelujangrisham.com

2. DATE

08 26 2011

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

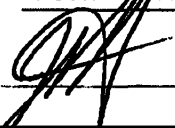
AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

John Ulrich

Signature of Treasurer



Date

08 26 2011

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

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5. TYPE OF COMMITTEE

Candidate Committee:

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Michelle Lujan Grisham

Candidate Party Affiliation

DEM

Office Sought:



House



Senate



President

State

NM

District

01

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

- (d) ☐ This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- | | | |
|--|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association | <input type="checkbox"/> Cooperative |
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

- | | | | |
|----|----------------------|---------------|---|
| 1. | <input type="text"/> | FEC ID number | C |
| 2. | <input type="text"/> | FEC ID number | C |
| 3. | <input type="text"/> | FEC ID number | C |
| 4. | <input type="text"/> | FEC ID number | C |

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Write or Type Committee Name

Committee to Elect Michelle Lujan Grisham

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Deborah Armstrong

Mailing Address

2015 Dietz Place, NW

Albuquerque

NM

87107

Title or Position

CITY

STATE

ZIP CODE

Assistant Treasurer

Telephone number 505 - 433 - 5674

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

John Ulrich

Mailing Address

1805 Rio Grande Blvd., NW

Suite 1

Albuquerque

NM

87106

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 505 - 224 - 9100

11030854732

Full Name of
Designated
Agent

Deborah Armstrong

Mailing Address

2015 Dietz Place, NW

Albuquerque

CITY

NM

STATE

87107

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

505

433

5674

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

New Mexico Bank and Trust

Mailing Address

320 Gold, SW

Albuquerque

CITY

NM

STATE

87102

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

11030854733

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.



Hand Delivered

Date of Receipt

8/29/11



USPS First Class Mail

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Postmarked (R/C)



USPS Priority Mail

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Delivery Confirmation™ or Signature Confirmation™ Label



USPS Express Mail

Postmarked



Postmark Illegible



No Postmark



Overnight Delivery Service (Specify):

Shipping Date

Next Business Day Delivery



Received from House Records & Registration Office

Date of Receipt



Received from Senate Public Records Office

Date of Receipt



Received from Electronic Filing Office

Date of Receipt



Other (Specify):

Date of Receipt or Postmarked


PREPARER

8/29/11
DATE PREPARED

(3/2005)

11030654734