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STATEMENT OF

FORM 1 ORGANIZATION		RECEIVED
1 OIXIVI 1		2816 mile Also Univ AM 8: 18
NAME OF COMMITTEE (in full) (Check if name is changed).	Example: If typing, type over the lines.	12FE4M5 FEC MAIL CENTER
[1, n, d, e, P, e, n, d, e, n, t, A, n, e, r, i, c, an, P, a, r, t, y, o, f, N, e, w, Me, x, i, c, o,		
ADDRESS (number and street) (Check if address is changed)		
[L ₀ , S ₁ , L ₁ , v ₁ , n ₁ , a ₁ , S ₁] CITY 3		W ₁ M 9 ₁ 7 ₁ 0 ₁ 3 ₁ 1 ₁
COMMITTEE'S E-MAIL ADDRESS		
(Check if address is changed) [1,n,d,e,p,e,n,d,e,n]	c,e,f,o,r,e,v,e,r,	e, L, i, V, e, ., c, o, M, , , , , ,
Optional Second E-Mail Address		
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COMMITTEES WEB PAGE ADDRESS: (URL), 1/2 to 1		
(Check if address is, changed).		
[F,a,C,e,b,o,o,K,.C,o,M,/,I,A,P,N,M,		
District Charles (Mean of		
2. DATE 05 09 2014		
3. FEC IDENTIFICATION NUMBER D		
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 Kelly Gneiting		
Signature of Treasurer Kuly Spreedy Date 05 09 2014		
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	For further information co Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	intact: FEC FORM 1

FEC Form 1 (Revised 02/2009)

information below.)

TYPE OF COMMITTEE Candidate Committee:

(b)

(g)

(h)

Name of

State

District

(Democratic,

Republican, etc.) Party.

This committee is a principal campaign committee. (Complete the candidate information below.)

This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate

FEC Form 1 (Revised 02/2009) Page 3 Write or Type Committee Name Independent American Party of New Mexico 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Independent American Party !!!!!!!!!!!!!!!! Muriell Mailing Address 1611 endalle CITY ZIP CODE Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records. Full Name Mailing Address Title or Position CITY STATE ZIP CODE 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 11.0,7.5, M.e.s.a. L.o.o.P. N.W. Mailing Address Title or Position Treasurer 505-620-2155 Telephone number

CITY

Page 4

ZIP CODE

STATE

FEC Form 1 (Revised 02/2009)

Full Name of Designated

Mailing Address

Agent

P.O. BOX 65 5t. Michaels, AZ 86511

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Ederal Electrongenter Commission

999 E Street N.W. Washington DC

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(8/2013)

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