Only

STATEMENT OF

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FEC FORM 1		_	RGANI						0	ffice Us	e Onlv			
1. NAME OF COMMITTEE (ir	, full)		Check if name s changed)		mple:If typing	g, type	121	FE4M						
Electing Wo	•		- '	over	the lines.						_			. 1
ADDRESS (number a	nd atract)	PO Box 4	40578											
(Check if a	address													
is changed	d)	Albuque	rque				NN	1 1	ı 87	196				
		CI	TY 🛦					 TE ▲			ZIP	CODI	E 🛦	
COMMITTEE'S E-MA	AIL ADDR	ESS												
(Check if address is changed)		jessie	@riostrategie	s.com										
		Optional compl	Second E-Mail iance.mitch	Address ell@gma	il.com									
COMMITTEE'S WEB (Check if a is changed	address	DDRESS (UI	RL)											
2. DATE 1		D / Y	y y y 2017											
3. FEC IDENTIFIC	CATION N	IUMBER	C	C0065685	0									
4. IS THIS STATEM	MENT	NEW	(N) OR	×	AMEND	DED (A)								
I certify that I have e	examined	this Stateme	ent and to the b	pest of my l	knowledge ar	nd belief it	is true	, corre	ect and	d comp	olete.			
Type or Print Name	of Treasur	er Hunt, Je	ssie, , ,											
Signature of Treasure	er <i>Hun</i> —	t, Jessie, , ,			[Electronically	y Filed]	Date		D2	20			2023	Y
NOTE: Submission of	false, erro		omplete informat	-						penalt	ies of	52 U.	S.C. {	}30109.
Office Use					For further in Federal Election Toll Free 800-	on Commissi				FEC (Rev	FC			<u> </u>

Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (F	Revised 03/2022)	Page 2
. TYPE OF	COMMITTEE:	
Candidate	e Committee:	
(a) T	his 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 information below.)	the candidate
Name of Candidate	9	
Candidate Party Affi		State NM District
(c) T	his committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name o Candida		
Party Coi	mmittee:	
(d) T	This committee is a (National, State (Democrative of the Republica	tic, n, etc.) Party
Political A	Action Committee (PAC):	
(e) T	his committee is a separate segregated fund. (Identify connected organization on line 6.) Its connec	ted organization is a:
	Corporation Corporation w/o Capital Stock Labor	Organization
Ī	Membership Organization Trade Association Coope	rative
	In addition, this committee is a Lobbyist/Registrant PAC.	
1.1	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate ommittee. (i.e., nonconnected committee)	ted fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g) T	This committee is an independent expenditure-only political committee (Super PAC).	
_	In addition, this committee is a Lobbyist/Registrant PAC.	
(h) T	This committee is a political committee with both contribution and non-contribution accounts (Hybrid I	PAC).
	In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fun	ndraising Representative:	
(1)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two ommittees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(1)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two ommittees/organizations, none of which is an authorized committee of a federal candidate.	or more political
Commit	tees Participating in Joint Fundraiser	
1.	C	

FEC F	Form 1 (Revised 02/2009)	Page 3
Write or Type	Committee Name	
Electi	ng Women New Mexico	
Name of A	any Connected Organization, Affiliated Committee, Joint Fundraising Repre	esentative, or Leadership PAC Sponsor
L		
Mailing Add	dress	
		1 . 1 . 1
	CITY A	STATE ▲ ZIP CODE ▲
Dalatianahin		
Relationship	c: Connected Organization Affiliated Organization Joint Fundraising	Representative Leadership PAC Sponso
Custodian books and	of Records: Identify by name, address (phone number optional) and position or records.	of the person in possession of committee
	Hunt, Jessie, , ,	
Full Name		
Mailing Add	dress 6401 Prairie Dunes NE	
	1	
	l Albuquerque	NM 87111 1
	CITY ▲	STATE ▲ ZIP CODE ▲
Title or Pos	sition ▼	
Treasurer	Telephone num	nber 505 – 918 – 5826
	List the name and address (phone number optional) of the treasurer of the ated agent (e.g., assistant treasurer).	committee; and the name and address of
Full Name	Hunt, Jessie, , ,	
of Treasurer	r	
Mailing Add	dress 6401 Prairie Dunes NE	
	Albuquerque	NM 87111 - -
	CITY ▲	STATE ▲ ZIP CODE ▲
Title or Pos	sition ▼	
Treasurer	Telephone num	nber 505 - 918 - 5826

FEC Form 1	(Revised 02/2009)	Page 4						
Full Name of Designated Agent	Dixon, Meredith, , ,							
Mailing Address	1412 Stagecoach LN SE							
	Albuquerque NM 87	123						
Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲						
	Telephone number							
	Depositories: List all banks or other depositories in which the committee deposits funds, xes or maintains funds.	holds accounts, rents						
Name of Bank, Depository, etc.								
Southwest Capital Bank								
Mailing Address	1410 Central Ave SW							
	Albuquerque NM 87	104						
	CITY ▲ STATE ▲	ZIP CODE ▲						
Name of Bank, D	depository, etc.							
		1						
Mailing Address								
		1						
	CITY ▲ STATE ▲	ZIP CODE ▲						

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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5(g)	or(h). Joint Fundraisin	g Participant:					
	1.		FEC	ID number	С		
	2.	<u> </u>	FEC	ID number	C		
	3.		FEC	ID number	С		
	4		FEC	ID number	C		
6.	Name of Any Connected	Organization, Affiliated Committee, Join	t Fundraising F	epresentativ	e, or Leaders	ship PAC Spo	nsor
	Mailing Address						
	Relationship:	CITY ▲	_	STATE A		ZIP CODE A	
	Connected	d Organization Affiliated Committee	Joint Fundrais	ing Represent	tative Le	adership PAC S	Sponsor
8.	Designated Agent: Identify Hunt, Jes Full Name	by name, address (phone number – optionsisie, , ,	onal)				1
	Mailing Address	7505 McNerney NE					
		Albuquerque		NM L	87110		
	TITLE OR POSITION	▼ CITY ▲		STATE ▲	ZI	P CODE ▲	
			Telephone	Number _			
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in intains funds.	which the com	mittee deposi	its funds, holds	accounts, rei	nts
	Name of Bank						
	Name of Bank, Depository, etc.						
	Depository, etc.						
	Depository, etc.						