FEC FORM 1	STATEMENT OF ORGANIZATION	PAGE 1 / 5
1. NAME OF COMMITTEE (in full)	(Check if name Example: If typing, type over the lines.	12FE4M5
Invest to Elect N		
ADDRESS (number and street)	PO Box 40578	
(Check if address is changed)		
		NM 87196
	CITY A	STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADD		
(Check if address is changed)	danika.padilla@gmail.com	
	Optional Second E-Mail Address	1
COMMITTEE'S WEB PAGE (Check if address is changed)	ADDRESS (URL)	
2. DATE 10 /	02 / Y Y Y Y 02 2017	
3. FEC IDENTIFICATION	NUMBER ► C C00656850	
4. IS THIS STATEMENT	NEW (N) OR AMENDED (A)	
I certify that I have examined	d this Statement and to the best of my knowledge and belief	it is true, correct and complete.
Type or Print Name of Treas	urer Mitchell, Alyssa, , ,	
Signature of Treasurer	itchell, Alyssa, , , [Electronically Filed]	Date 04 / 08 / 2020
NOTE: Submission of false, en	roneous, or incomplete information may subject the person signing ANY CHANGE IN INFORMATION SHOULD BE REPORTED	
Office Use Only	For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100	

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FEC Forr	n 1 (Revised 02/2009)	Page 2
TYPE OF CC	DMMITTEE	
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. (Complinformation below.)	ete the candidate
Name of Candidate		· · · · · · · _
Candidate Party Affiliation	n Office Sought: House Senate President	State N
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Com		
(d)		emocratic, epublican, etc.) Par
Political Ac	tion Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected organization is
	Corporation Corporation w/o Capital Stock	Labor Organization
		Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) x	This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	regated fund or par
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundr	aising Representative:	
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
Comm	nittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.	│	

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Invest to Elect New Mexico

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											
 Custodian of Records: Ider books and records. 	tify by name, address (phone number o	ptional) and position of the pe	rson in possession of committee								
Mitchell, A	lyssa,,,										
Mailing Address	917 8th St SW										
	Albuquerque	NM	87102								
Title or Position	CITY	STATE	ZIP CODE								
		Telephone number	05 235 2244								

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

Full Name of Treasurer	Mitchell, Alyssa, , , .
Mailing Address	917 8th St SW
	Albuquerque NM 87102 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
	CITY STATE ZIP CODE
Title or Position	Telephone number 505 235 2244

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Full Name of Designated Agent	Dixon, Meredith, , ,		
Mailing Address	1412 Stagecoach LN SE		
	Albuquerque	NM 8712	3
	CITY	STATE	ZIP CODE
	enn	STATE	ZIP CODE
Title or Position		STATE	ZIF CODE

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.

Ľ	Southwest Capital Bank		
Mailing Address	1410 Central Ave SW		
		NM 87104	
	CITY	STATE	ZIP CODE
Name of Bank, De	pository, etc.		
L			
Mailing Address			
	CITY	STATE	ZIP CODE

Ima	ge# 202004089216616875			
	FEC Form 1S (Revised 02/20	Optional Supplemental17)for Lines 5(g) or (h), 6		Page _5_ of 5
5(g)	or(h). Joint Fundraising	Participant:		
	1		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	C
	4.		FEC ID number	С
6.	Name of Any Connected C	organization, Affiliated Committee, Joint Fu	Indraising Representative	, or Leadership PAC Sponsor
	Mailing Address			
	Relationship:	CITY A	STATE 🔺	ZIP CODE
	Connected	Organization	Joint Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify Hunt, Jess	by name, address (phone number – optional ie, , ,)	
	Full Name			
	Mailing Address	7505 McNerney NE		
			NM	87110
	TITLE OR POSITION	CITY A	STATE 🔺	ZIP CODE
			Telephone Number	

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.									I																			
Mailing Address	L																											
	L																											
																					L				· L			
	CITY A										STATE A ZIP C						ODE 🔺											