

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

Committee to Elect Michelle Lujan Grisham, Inc.

ADDRESS (number and street)

500 Marquette NW

(Check if address is changed)

Suite 800

Albuquerque

NM

87102

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

bmalott@meyners.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

http://www.michelleforcongress.com

COMMITTEE'S FAX NUMBER

5058421568

2. DATE

MM / DD / YYYY
07 / 01 / 2008

3. FEC IDENTIFICATION NUMBER

C C00439703

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

Bruce F. Malott

Signature of Treasurer

Electronically Filed by Bruce F. Malott

Date

MM / DD / YYYY
07 / 01 / 2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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 12/2007)

5. TYPE OF COMMITTEE (Check One)

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:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
- (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 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. FEC ID number **C**
2. FEC ID number **C**
3. FEC ID number **C**
4. FEC ID number **C**
5. FEC ID number **C**

Write or Type Committee Name

Committee to Elect Michelle Lujan Grisham, Inc.

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

Empty grid lines for organization name.

Mailing Address

Empty grid lines for mailing address.

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Leadership PAC Sponsor

Joint Fundraising Representative

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

Bruce F. Malott

Mailing Address

500 Marquette NW

Suite 800

Albuquerque

NM

87102

Title or Position ▼

Treasurer

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

505

222

3519

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

Bruce F. Malott, CPA

Mailing Address

500 Marquette NW

Suite 800

Albuquerque

NM

87102

Title or Position ▼

Treasurer

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

505

222

3519

Full Name of Designated Agent

Kathryn A. Wiggins

Mailing Address

500 Marquette NW

Suite 800

Albuquerque

NM

87102

Title or Position

CITY

STATE

ZIP CODE

Assistant Treasurer

Telephone number

505

222

3574

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.

Compass Bank

Mailing Address

505 Marquette NW

Albuquerque

NM

87102

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE