

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED
FEC MAIL ROOM

2002 JAN 17 P 2 42

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FB4M5

EARL GREER FOR CONGRESS

ADDRESS (number and street)

216 WARD SPRINGS BLVD

(Check if address is changed)

ELLENHART BUTTE

WA

97935

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

earl@greer.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.earlgreer.org

2. DATE 01 12 2002

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT X 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 Monty D. Newman

Signature of Treasurer [Handwritten Signature]

Date 01 12 2002

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

FEC FORM 1
(Revised 1/01)

5. TYPE OF COMMITTEE (Check One)

- (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 CLIFFORD MARK GREER

Candidate Party Affiliation REP Office Sought: House Senate President State NM District 02

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

Name of Candidate _____

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

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

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 VICTORIA R. OKORN
 Mailing Address 12537 ELYSE PLACE SE
ALBUQUERQUE NM 87123-1
 Title or Position ACCOUNTANT CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number 505-890-1692

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 RONNIE D. NEWMAN
 Mailing Address P.O. BOX 1222
KOBB NM 86241-1
 Title or Position TREASURER CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number 505-392-1331

Full Name of Designated Agent LINDY TORRES
 Mailing Address 911 KOPRA
TENTH OR CONGO NM 87901-1
 Title or Position CAMPAIGN MANAGER CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number 505-740-1001

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.

STATE NATIONAL BANK

Mailing Address

210 MAIN

TRUTH OR CONSEQUENCE NH 187901-1

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

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