

12 APR 15 PM 12:23

FEC
FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Greg Sowards For Senate LLC

ADDRESS (number and street)

2916 Maese Ln

(Check if address
is changed)

Las Cruces

NM

88007

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

compliance@complianceconsultingva.com

(Check if address
is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.sowardsforsenate.com

(Check if address
is changed)

2. DATE

04

15

2012

3. FEC IDENTIFICATION NUMBER

C00448423

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 MELODIE JOHNSON

Signature of Treasurer MELODIE JOHNSON

Melodie Johnson

Date

04

15

2012

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

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

FEC FORM 1
(Revised 02/2009)

12020244079

5. TYPE OF COMMITTEE

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 Greg Sowards

Candidate Party Affiliation REP Office Sought: House Senate President State NM District 00

- (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
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (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 Lobbyist/Registrant PAC.
 - 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	<input type="checkbox"/> C _____
2.	_____	FEC ID number	<input type="checkbox"/> C _____
3.	_____	FEC ID number	<input type="checkbox"/> C _____
4.	_____	FEC ID number	<input type="checkbox"/> C _____

1202024080

Write or Type Committee Name

Greg Sowards For Senate LLC

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

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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 MELODIE JOHNSON

Mailing Address PO BOX 365

MCLEAN VA 22101

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number

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 MELODIE JOHNSON

Mailing Address PO BOX 365

MCLEAN VA 22101

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number

12020244081

Full Name of Designated Agent

[Grid]

Mailing Address

[Grid]

[Grid]

[Grid]

CITY

STATE

ZIP CODE

Title or Position

[Grid]

Telephone number

[Grid]

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.

Citizens Bank of Las Cruces

Mailing Address

PO Box 2108

[Grid]

Las Cruces NM 88004

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid]

Mailing Address

[Grid]

[Grid]

[Grid]

CITY

STATE

ZIP CODE

12020244082

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED

04-15-12

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USPS FIRST CLASS MAIL _____

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Postmark

USPS PRIORITY MAIL _____

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USPS EXPRESS MAIL _____

Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS _____

UPS _____

DHL _____

AIRBORNE EXPRESS _____

RECEIVED FROM FEDERAL ELECTION COMMISSION _____

Date of Receipt

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NO POSTMARK

FAX _____

Date of Receipt

OTHER _____

Date of Receipt or Postmark

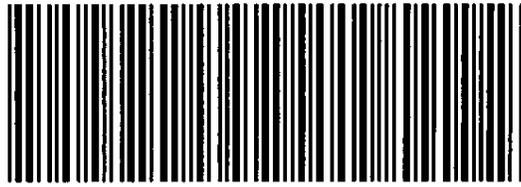
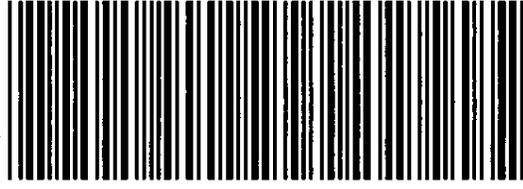
PREPARER

RD

DATE PREPARED

04-15-12

1202024083



1202024084