## STATEMENT OF

PAGE 1/6

11/03/2021 13:16

**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Lobo PAC PO Box 25852 ADDRESS (number and street) (Check if address is changed) Albuquerque 87125 NM CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS fec@capcompliance.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 03 2021 C00497073 FEC IDENTIFICATION NUMBER > 3. X 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. Griebel, Patrick, , , Type or Print Name of Treasurer Griebel, Patrick, , , [Electronically Filed] 03 2021 Signature of Treasurer Date 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 For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

Only

		rm 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE • 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. (Con information below.)	nplete the candidate
Name Cand			
Cand Party	idate Affiliati	Office Sought: House Senate President	State DC District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	Diouriot
Name Cand			
Part	y Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Polit	ical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected 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)	x	This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	egregated 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.)	
Joint	Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.	FEC ID number	
	3.		
	4		

FEC <b>Form 1</b> (Revise	od 02/2009)	Page <b>3</b>
Write or Type Committee Na		- 9
Lobo PAC		
	d Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	rship PAC Sponsor
Heinrich, Martin, , Se		р тто орошоо
Mailing Address	PO Box 25763	
	Albuquerque NM 87103-	0492
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization	eadership PAC Sponsor.
books and records.	dentify by name, address (phone number optional) and position of the person in p  a, Judith, , ,  ,600 Pennsylvania Ave SE	
Mailing Address	000 Pennsylvania Ave SE	
	#15180	
	Washington DC 20003	
Title or Position	CITY STATE	ZIP CODE
Assistant Treasurer	Telephone number	
t. Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the r ., assistant treasurer).	name and address of
	Patrick, , ,	
of Treasurer	IPO Boy 25852	
Mailing Address	PO Box 25852	
	Albuquerque NM 87125	
Title or Position	CITY STATE	ZIP CODE
Treasurer		544   -   6960

1 20 1 0111	n 1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	Zamore, Judith, , ,	
Mailing Address	600 Pennsylvania Ave SE	
	#15180	
	Washington DC 20003 CITY STATE	ZIP CODE
Title or Position Assistant Treasu	urer Telephone number 12 - 0	02-
	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, holds oxes or maintains funds.	s accounts, rents
Name of Bank, D	U.S. New Mexico Federal Credit Union	
Name of Bank, E		
	U.S. New Mexico Federal Credit Union	129
	U.S. New Mexico Federal Credit Union  PO Box 129  Albuquerque  NM  87103-07	129  -
	U.S. New Mexico Federal Credit Union  PO Box 129  Albuquerque  NM 87103-07	
Mailing Address  Name of Bank, D	U.S. New Mexico Federal Credit Union  PO Box 129  Albuquerque  NM 87103-07	
Mailing Address	U.S. New Mexico Federal Credit Union  PO Box 129  Albuquerque  CITY  STATE  Depository, etc.  Amalgamated Bank	

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

FEC Form 1S (Revised 02/2017)

Page \_\_\_\_ **of** \_\_\_\_

1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
Heinrich Victory F	-una 		
Mailing Address	600 Pennsylvania Ave SE #15180		
	Washington	DC	20036
B 1 1			ZIP CODE ▲
Relationship:	CITY A	STATE A	
Connecte	d Organization Affiliated Committee	STATE ▲ Fundraising Representa	
Connecte			
Connecte  Designated Agent: Identif	d Organization Affiliated Committee		
Designated Agent: Identification	d Organization Affiliated Committee		
Designated Agent: Identification  Full Name  Mailing Address	Affiliated Committee   Joint F  Ty by name, address (phone number – optional)		
Designated Agent: Identification	Affiliated Committee  y Joint F  y by name, address (phone number – optional)  CITY	Fundraising Representa	Leadership PAC Spons
Designated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee  y Joint F  y by name, address (phone number – optional)  CITY   CITY   Tele  pries: List all banks or other depositories in which the	STATE A	Leadership PAC Spons  ZIP CODE   ZIP CODE
Designated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or many Name of Bank, Depository, etc.	Affiliated Committee  y Joint F  y by name, address (phone number – optional)  CITY   CITY   Tele  pries: List all banks or other depositories in which the	STATE A	Leadership PAC Spons  ZIP CODE   ZIP CODE
Designated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or means.  Name of Bank,	Affiliated Committee  y Joint F  y by name, address (phone number – optional)  CITY   CITY   Tele  pries: List all banks or other depositories in which the	STATE A	Leadership PAC Spons  ZIP CODE   ZIP CODE
Designated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or many Name of Bank, Depository, etc.	Affiliated Committee  y Joint F  y by name, address (phone number – optional)  CITY   CITY   Tele  pries: List all banks or other depositories in which the	STATE A	Leadership PAC Spons  ZIP CODE   ZIP CODE

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

FEC Form 1S (Revised 02/2017)

Page \_\_\_\_ **of** \_\_\_\_

(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	C
lame of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
Mailing Address	600 Pennsylvania Ave SE		
	#15180	<u> </u>	<u> </u>
	Washington	DC DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		int Fundraising Representa	Leadership 170 of
	y by name, address (phone number – optional)		Leadership TAO O
esignated Agent: Identif	y by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)		Leadership TAO O
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif	CITY	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address	CITY A		
esignated Agent: Identification Full Name	CITY A  pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	CITY A  pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, repository, etc.	CITY A  pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, repository, etc.	CITY A  pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A