

**HAND DELIVERED**

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

RECEIVED

2014 JUL 22 PM 4: 33

FEC MAIL CENTER  
Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Southern New Mexico Victory Fund

ADDRESS (number and street)

PO Box 2326

(Check if address is changed)

Carlsbad

NM

88221

CITY

STATE

ZIP CODE

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

(Check if address is changed)

southernnewmexicovictoryfund@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

07 / 21 / 2014

3. FEC IDENTIFICATION NUMBER

C

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

Jennifer May

Signature of Treasurer

*Jennifer May*

Date

07 / 21 / 2014

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  
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Only

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

**FEC FORM 1**  
(Revised 02/2009)

12081124

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 \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State  District

- (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. Lara for New Mexico \_\_\_\_\_ FEC ID number C 00548883
2. Democratic Party of New Mexico \_\_\_\_\_ FEC ID number C 00161810
3. \_\_\_\_\_ FEC ID number C
4. \_\_\_\_\_ FEC ID number C

1-800-424-9547

Write or Type Committee Name

# Southern New Mexico Victory Fund

**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 Jennifer May

Mailing Address PO Box 2326

\_\_\_\_\_  
Carlsbad NM 88221-\_\_\_\_\_  
CITY STATE ZIP CODE

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 Jennifer May

Mailing Address PO Box 2326

\_\_\_\_\_  
Carlsbad NM 88221-\_\_\_\_\_  
CITY STATE ZIP CODE

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

1100011000110001

Full Name of Designated Agent

[Empty grid box for name]

Mailing Address

[Empty grid box for address line 1]

[Empty grid box for address line 2]

[Empty grid box for city]

[Empty grid box for state]

[Empty grid box for zip]

[Empty grid box for zip extension]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid box for title]

Telephone number

[Empty grid box for phone 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.

Bank of America [grid]

Mailing Address

201 Pennsylvania Ave, SE [grid]

[Empty grid box for address line 2]

Washington [grid]

DC [grid]

20003 [grid]

[Empty grid box for zip extension]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid box for name]

Mailing Address

[Empty grid box for address line 1]

[Empty grid box for address line 2]

[Empty grid box for city]

[Empty grid box for state]

[Empty grid box for zip]

[Empty grid box for zip extension]

CITY

STATE

ZIP CODE

1103-1114

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
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Hand Delivered

Date of Receipt

7/22/14

USPS First Class Mail

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USPS Priority Mail

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USPS Priority Mail Express

Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify):

Shipping Date

Next Business Day Delivery

Received from House Records & Registration Office

Date of Receipt

Received from Senate Public Records Office

Date of Receipt

Received from Electronic Filing Office

Date of Receipt

Other (Specify):

Date of Receipt or Postmarked



PREPARER

7/24/14

DATE PREPARED

(8/2013)

FORM 1100 1-1-10