

Image# 14942398130

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Roxanne Lara			2. Candidate's FEC Identification Number H4NM02072	
(b) Address (number and street) PO Box 2326		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Carlsbad NM 88221		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate NM 02		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2014 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Lara for New Mexico		
(b) Address (number and street) PO Box 2326		
(c) City, State, and ZIP Code Carlsbad NM 88221		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) Southern New Mexico Victory Fund		
(b) Address (number and street) PO Box 2326		
(c) City, State, and ZIP Code Carlsbad NM 88221		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate Roxanne Lara <i>[Electronically Filed]</i>	Date 07/31/2014
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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