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## FEC FORM 2

## STATEMENT OF CANDIDACY

1.											
	(a) Name of Candidate (in full)										
	Toulouse Oliver, Maggie, , ,					100 "	1 550				
	(b) Address (number and street) PO Box 473	,				Candidate's FEC Identification Number     S0NM00074					
	(c) City, State, and ZIP Code					3. Is This	Ne			Amended	
_	Albuquerque		NM	87103		Stateme		OR OR	Ш	(A)	
4.	Party Affiliation	5. Office Sought			6. State & Dist		ate				
	DEMOCRATIC PARTY	Senate			NM	00					
	DE	SIGNATION	OF PRIN	CIPAL	CAMPAIGN		TTEE				
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 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)										
	Maggie Toulouse O	liver for Sei	nate								
_	(b) Address (number and street) PO Box 473										
	Luna										
	(c) City, State, and ZIP Code										
	Albuquerque				NM	87103					
	DE	SIGNATION (Inc		_	THORIZED g Representative		ΓEES				
8.	I hereby authorize the following name candidacy.	ned committee, w	hich is NOT m	ny principa	al campaign con	nmittee, to rec	ceive and exp	end funds	s on beha	alf of my	
			inal campaign	committe							
	NOTE: This designation should be f	led with the princ	ipai campaigi	COMMI	ee.						
		led with the princ	ipai campaigi	r committe	ee. 						
	NOTE: This designation should be f	led with the princ	іраі сапіраіўі	1 COMMITTEE	96.						
	(a) Name of Committee (in full)	led with the princ	праг саттрагуг	r commune	96.						
		led with the princ	праг саттраці	r commune	96.						
	(a) Name of Committee (in full)  (b) Address (number and street)	led with the princ	ipai campaigi	- Committee	96.						
_	(a) Name of Committee (in full)	led with the princ	ipai campaigi	Committee	96.						
	(a) Name of Committee (in full)  (b) Address (number and street)	led with the princ	ipai campaigi		96.						
	(a) Name of Committee (in full)  (b) Address (number and street)	led with the princ	ipai campaigi		96.						
	(a) Name of Committee (in full)  (b) Address (number and street)					and belief it is a	true, correct d	and comp	lete.		
Si	(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code					nd belief it is	true, correct (	and comp	lete.		
	(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code			e best of r	my knowledge a			and comp	lete.		
	(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examing the state of Candidate			e best of r		Date		and comp	lete.		
To	(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examing the state of Candidate oulouse Oliver, Maggie, , Ms.,	mined this Staten	nent and to th	e best of t	my knowledge a	<b>Date</b> 04/19/201	9				
To	(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examing the state of Candidate	mined this Staten	nent and to th	e best of t	my knowledge a	<b>Date</b> 04/19/201	9			7g.	
To	(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examing the state of Candidate oulouse Oliver, Maggie, , Ms.,	mined this Staten	nent and to th	e best of t	my knowledge a	<b>Date</b> 04/19/201	9			7g.	
To	(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examing the state of Candidate oulouse Oliver, Maggie, , Ms.,	mined this Staten	nent and to th	e best of t	my knowledge a	<b>Date</b> 04/19/201	9			7g.	

FEC FORM 2 (REV. 02/2009)