STATEMENT OF ORGANIZATION (See reverse side for instructions)

	1. (a) NAME OF COMMITTEE IN FULL (Check if name is changed)		2. DATE	2. DATE 3-11-9/	
	(b) Number and Street Address (Check if a	ddress is changed FCRETARY 0	F THE SENATE FEC	IDENTIFICATION NUMBER	
	PO Box 2018				
	(c) City, State and ZIP Code ALBUDIE POLE NM 87	ST TAN PC	Pi 2: 144.15TH	IS STATEMENT AN AMENDMENT? YES ™X NO	
	ALBUDUERDUE, NM 87 5. TYPE OF COMMITTEE (Check one)	103		AES X NO	
	O. 111 LOT COMMITTEE (OHEONOHE)				
	(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	State/District	
	[/ol This committee supports/engages only one condidate				
	(c) This committee supports/opposes only one candidate and is NOT an authorized committee (name of candidate)				
	(d) This committee is a committee of the Party.				
	(National, State or subordinate) (Democratic, Republican, etc.)				
	(e) This committee is a separate segregated fund.				
ထ	(f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.				
	Name of Any Connected Mailing Address and Relationship				
0001A	Organization or Affiliated Committee	ZIP Cod	de	Meiauchemp	
المراجع	of People Who Support Jell Bingaman	POBox 2048; Album 227 Son Mateo, NE: A	DIESCHE NIM 8710	Affil Comm.	
A LOF	value Party of New Mexico	227 Sou Mater NE: A	D D D NA WE NM 87/	08 " "	
Demo	cratic Party of Treatment	430 S. Capital, SE; W	0 0	3 6 11	
Democ	ratic Senatorial Campaign Committee	430 S. Capitol, 30, N	ashington, pe		
	Type of Connected Organization	han Ossanianian [] Manshaush	:- O	1. A	
C.	Corporation Corporation Wo Capital Stock Labor Organization Membership Organization Trade Association Coop 7. Custodian of Records: Identify by name, address (phone number — optional) and position of the person in possession of committee by				
0	records. Full Name	Mailing Address		Title or Position	
Z.	LEDVA HARVATAN	OBox 2048 Albuquerque, NM &	37103	Office Manager	
G.	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	Mailing Address			
	Fun Name	PO Box 2048		Title or Position	
	Anne Lane		00152	Treasurer	
		Albuquerque, NM	8.1102	1 readures	
	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. Mailing Address and ZIP Code				
	Suggest Bank	POT	30x 25500		
		Albu	querque, NY	7 87125	
	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 SI	GNATURE OF TREASURER		DATE	
	Anne Lane	YAME KAN	t&/	3-11-94	
	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.				
		ner information contact:	· · · · · · · · · · · · · · · · · · ·	CEV EVDIT 4	
	Toll-free	Election Commission 800-424-9530		(revised 4/87)	

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C

PAMELA B. GAVIN SUPERINTENDENT

HART BUILDING SUITE 232 WAEHINGTON, DC 20510-7116 PHONE: 202-224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT(S) WAS:

HAND DELIVERED	Mar. 18, 1994
	Date of Receipt
INSIDE MAIL	ate of Receipt
	ace of Receipt
RECEIVED FROM TH	E HOUSE OFFICE OF RECORDS
AND REGISTRATION	
	Date of Receipt
RECEIVED FROM TH	E FEDERAL ELECTION
COMMISSION_	ite of Receipt
Va	ice of Receipt
FIRST CLASS MAIL_	Postmarked
REGISTERED/CERTI	FIED MAIL Postmarked
NO POSTMARK	
POSTMARK ILLEGIB	LE
OTHER	POSTMARK
AND/OR DATE OF I	RECEIPT