

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

|   |   |
|---|---|
| 1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed)<br><b>VICTORY NEW MEXICO</b> | 2. DATE<br><b>3-11-94</b>   |
| (b) Number and Street Address <input type="checkbox"/> (Check if address is changed)<br><b>PO Box 2048</b>        | SECRETARY OF THE SENATE<br>94 MAR 18 PM 2:14<br>3. FEC IDENTIFICATION NUMBER                              |
| (c) City, State and ZIP Code<br><b>ALBUQUERQUE NM 87103</b>   | 4. IS THIS STATEMENT AN AMENDMENT?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

5. TYPE OF COMMITTEE (Check one) 11.D

(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 |
|-------------------|-----------------------------|---------------|----------------|
|                   |                             |               |                |

(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.

(f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

8  
7  
3  
1  
0  
2  
4  
9

| Name of Any Connected Organization or Affiliated Committee  | Mailing Address and ZIP Code   | Relationship               |
|---|--|----------------------------|
| 2 joint fundraising activity for the benefit of:<br>A Lot of People Who Support Jeff Bingaman<br>Democratic Party of New Mexico<br>Democratic Senatorial Campaign Committee | PO Box 2048; Albuquerque, NM 87103<br>227 San Mateo, NE; Albuquerque, NM 87108<br>430 S. Capitol, SE; Washington, DC 20003 | Affil. Comm.<br>" "<br>" " |

Type of Connected Organization  
 Corporation  Corporation w/o Capital Stock  Labor Organization  Membership Organization  Trade Association  Cooperative

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             | Mailing Address                              | Title or Position     |
|-----------------------|--|-----------------------|
| <b>Debra Thornton</b> | <b>PO Box 2048<br/>Albuquerque, NM 87103</b> | <b>Office Manager</b> |

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                              | Title or Position |
|------------------|--|-------------------|
| <b>Anne Lane</b> | <b>PO Box 2048<br/>Albuquerque, NM 87103</b> | <b>Treasurer</b>  |

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                  |
|--------------------------------|---|
| <b>Sunwest Bank</b>            | <b>PO Box 25500<br/>Albuquerque, NM 87125</b> |

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<br><b>Anne Lane</b> | SIGNATURE OF TREASURER<br><i>Anne Lane</i> | DATE<br><b>3-11-94</b> |
|---|--|------------------------|

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.

