

MAR 5 11 21 AM '98

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL NEW MEXICANS FOR TREISMAN	<input type="checkbox"/> (Check if name is changed)	2. DATE 2-25-98
(b) Number and Street Address 1018 DON DIEGO	<input type="checkbox"/> (Check if address is changed)	3. FEC IDENTIFICATION NUMBER
(c) City, State and ZIP Code SANTA FE, NM 87501		4. IS THIS STATEMENT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

3. TYPE OF COMMITTEE (Check one)

- (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
ERIC TREISMAN | Candidate Party Affiliation
DEMOCRAT | Office Sought
US REP | State/District
NM 3RD |
|---|--|--------------------------------|---------------------------------|
- (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.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

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
TREASURER		

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
KELLEY KOEHLER	3233 EL TREBOL, SF, NM 87505	TREAS.
KIMBERLY A. HOFFMAN	PO BOX 2897, SF, NM 87504	ASS'T TREAS.

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
1ST NATIONAL BANK OF SANTA FE	PO BOX 609, SANTA FE, NM 87504

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 KELLEY KOEHLER	SIGNATURE OF TREASURER 	DATE 2-25-98
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5497g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

