FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1 ORGANIZATION (See instructions)									Of	fice use o	.nlv			
NAME OF COMMITTEE (in	full)	(Check if name is changed)	Exar over	nple: If typyi the lines	ng, type		12FE	=4M5		lice use c				
Monty for Cor	ngress													Ш
						L				11		ш		Ш
ADDRESS (number and	street) P.O.	Box 1122						ш				ш		Ш
X (Check if addr is changed)	ess Hobi))S					ŅM	<u></u> _	<u>—</u> Ц	882	241	 	1	Ш Ш
			CITY			S	TATE	•		Z	IP COE)E 📥		
COMMITTEE'S E-MA	IL ADDRESS													1
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COMMITTEE'S WEB	PAGE ADDRESS (U	<u> </u>		1 1 1 11				Ш				Ш	1	Ц
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COMMITTEE'S FAX N	NUMBER													
با لبنا	سيا لي													
2. DATE 0.1	1 D D / Y	2009												
3. FEC IDENTIFICA	ATION NUMBER	C	C COO	444133										
4. IS THIS STATEM	MENT X NEW	I (N) OR		AMEN	DED (A)									
I certify that I have exam	ined this Statement and	to the best of my know	vledge an	d belief it is to	rue, correc	t and o	comple	ete						_
Type or Print Name of	Treasurer	Phoebe Spencer												
Signature of Treasurer	. Electronically File	d by Phoebe Sp	encer			D	ate	0	1 /	1	6	Y Y	0 0	9
NOTE: Submission of fa		nplete information may								of 2 U.S	S.C. S40	37g.		
Office Use Only				For further Federal Elec Toll Free 80	ction Comr 0-424-953	nissio					FOI		1	

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5.		COMMITTEE (Check One) • Committee:													
	(a) X	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 information below.)	the candidate												
	Name of Candidate	Monty Newman		1 1											
	Candidate Party Affili	V	State District	NM 02											
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.													
	Name of Candidate														
	Party Con														
	(d)	(National, State This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) F	Party.											
	Political A	Action Committee (PAC):													
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ed organization is a:	:											
		Corporation Corporation w/o Capital Stock	abor Organization												
		Membership Organization Trade Association	Cooperative												
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed fund or party												
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)													
	Joint Fund	draising Representative:													
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political												
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political												
	Co	ommittees Participating in Joint Fundraiser													
		1. FEC ID number C													
		2 FEC ID number													
		3. FEC ID number C													
		4 FEC ID number C													
		FEC ID number													

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Write or Type Committee Name						
Monty for Congress						
6. Name of Any Connected On	rganization, Affiliated Committee, I	Leadership PAC Sponsor or Jo	int Fundrais	sing Representative		
NONE						
Mailing Address						
			u L			
	CITY▲	STA	ATE 🛋	ZIP CODE		
Relationship:						
Connected Organization	Affiliated Committee	Leadership PAC Sponsor	Join	t Fundraising Representativ		
possession of Committee Full Name Mailing Address	Pearce 3718 Bridle Trai	ls				
	College Station		<u>гх</u>	77845		
Title or Position ▼ Custodian	CITY A	STA Telephone number	ATE ∆ 979	ZIP CODE 1 - 690 - 2227		
	e and address (phone number y designated agent (e.g., assista		the commi	ittee; and the		
Full Name of Treasurer Phoeb	be Spencer					
Mailing Address	401 E. Abo					
	Hobbs		NM _	88240		
Title or Position ♥	CITY A	ST	ATE A	ZIP CODE A		
Treasure	r	Telephone number	575	392 7777		

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	Full Name of Designated Agent	_														_
	Mailing Address	_														
		-														
	Title or Position ▼				CITY A					S	TATE 🛦		ZII	P CODE A	4	
						-		Tele	phone	numbe	er					
9.	Banks or Other De safety deposit boxes Name of Bank, Depo	s or maintai	ns funds.	l banks or o	ther depos	sitories	in whic	ch the	commi	ttee de	oosits fur	nds, hold	s accou	unts, rents		
	L															
	Mailing Address															
					CITY	Δ				\$	STATE <u></u>	i.	Z	IP CODE	^	
	Name of Bank, Depo	ository, etc.														
	Mailing Address															
					CITY	4				5	STATE 4		z	IP CODE	Δ	