Image# 202007149244528273				07/14/2020 12 : 04
FEC FORM 1	STATEMEN ORGANIZA			PAGE 1 / 4
			Offic	e Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Public Service Co	mpany of New Me	exico Responsible	Citizens G	roup - Federal
1				
ADDRESS (number and street)	414 Silver Ave., SW			
(Check if address	MS 1115			
is changed)	Albuquerque		NM 8710	2-3226
			L⊥_ L⊥ STATE ▲	
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address	bridgett.alvarez@pnmre	esources.com		
is changed)				
	Optional Second E-Mail Add	ress		
COMMITTEE'S WEB PAGE ADI	DRESS (URL)			<u> </u>
2. DATE 07 / 14	D / Y Y Y Y 2020			
3. FEC IDENTIFICATION NU	JMBER ► C Co	0025395		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	is Statement and to the best of	of my knowledge and belief it i	s true, correct and c	complete.
Type or Print Name of Treasure	Monroy, Henry, , ,			
Signature of Treasurer	oy, Henry, , ,	[Electronically Filed]	Date 07	14 Y Y Y Y Y 14
NOTE: Submission of false, errone		nay subject the person signing th NN SHOULD BE REPORTED WI		enalties of 2 U.S.C. §437g.
Office Use Only		For further information co Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		Revised 06/2012)

F	FEC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE	E OF C	OMMITTEE	
Can	didate	Committee:	
(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. (Compleinformation below.)	ete the candidate
Name Cand			
Cand Party	lidate Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	t <mark>y Co</mark> n	nmittee:	
(d)			emocratic, epublican, etc.) Party.
Polit	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segure committee. (i.e., nonconnected committee)	egated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	t Func	raising 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
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Public Service Company of New Mexico Responsible Citizens Group - Federal

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Public Service	Co	of NI	M																												
Mailing Address	· · · · ·		414 S	ilver A	ve.	, SV																									
			Albuc	luerqu	le															 M			87	102							
Relationship: x	Conn	ected	Organ	izatio	n	A	ffilia		Coi	mm	ittee	e].	Join	t Fu	ındr	raisi	ng		res		ativ	e					DDE DPA		Spo	nso
. Custodian of Rebooks and records		Identi	fy by	name	, ac	ldre	ss (pho	one	nun	nbe	r	ор	tion	al) a	and	ро	sitic	on o	f th	e p	ers	on	in į	pos	ses	sior	n of	COI	nm	itte
Full Name																															
Mailing Address																															
																												-L			
Title or Position								Cľ	ΤY										STA	TE						ZIP	СС	DE			
								[Te	elepl	hon	ie n	uml	ber					-				-L			
any designated ac	e name jent (e	e and g., as	addre sistan	ss (pl t trea	hon sure	e nu er).	ımb	er -	- op	otio	nal)	of	the	tre	asu	rer	of t	he	corr	nmit	tee	; ar	nd t	he	nar	ne	and	ad	dre	SS (of
Full Name of Treasurer	Monro	by, Hei																				1									
Mailing Address			414 S	ilver A	ve	SW																									
			Albuc	luerqu	le I			CI	 TY		<u> </u>									IM TF			87	102		26 ZIP					
Title or Position Treasurer														Те	lepł	non	e n				Į	505		- [241		-	2	223	3

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Full Name of Designated Agent	Monroy, Henry, , ,
Mailing Address	414 Silver Ave SW
	Albuquerque
	CITY STATE ZIP CODE
Title or Position	Telephone number 505 241 2223

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	2244 Louisiana, NE, Ste. 101		
	P.O. Box 26144		
	Albuquerque	NM 87125	
	CITY	STATE ZIP CODE	
Name of Bank, D	Depository, etc.		
Mailing Address			
	CITY	STATE ZIP CODE	