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2011 JUL 11 AM 8: 22

FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		(See instruction				Office use	only	
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If over the lin	typying, type es	12FE4M	5		
New Mexica	ns for Marty Ch	avez .					444	لبب
سسسسا		<u>.l.l.l.l.l.l.</u>				_1_1_1_1		لبب
ADDRESS (number a	nd street)	O Box 91208						لبب
(Check if addre	ess L_L						1.1.1.	لــــا
is changed)	<u>_</u>	lbuquerque		لــــــا	NM	87	199 _ [1	208
			CITY		STATE	Z	IP CODE	•
COMMITTEE'S E-M	•	ease provide only one e						
(Check if address is changed)	ess D	arryl@CommonCer	tsConsulting	g.net				لىب
is dianger,	ـــا						4-1-	لبب
COMMITTEE'S WE	B PAGE ADDRESS	S (URL)						
(Check if addr	ess W	ww.MartyChavez.co	om i i i i i					1
is changed)	1.							
2. DATE	M ' 0 5 '	20,11, Y						
3. FEC IDENTIFI	CATION NUMBER	[C					
4. IS THIS STATI	EMENT X	NEW (N) OR	_ ^	MENDED (A)				
		t and to the best of my kno	wledge and belie	f it is true, correct ar	nd complete			
Type or Print Name	of Treasurer	Nen dandiez	· ,					
Signature of Treasu	ırer - `	Trus	ancher		Date 0	/ °0	5 ' [Ž 0 1 1 1
NOTE: Submission of		ncomplete infermation may	•				S.C. §437g.	
Office Use Only			Feder	urther information of al Election Commission al Election Commission ac 800-424-9530			C FORN	

	F	EC F	Form 1 (Revised 02/2009)	Page 2				
<u> </u>	TYPE	OF CO	DMMITTEE (Check One)					
	Candi	d <u>ate</u> C	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. (Complete the information below.)	ne candidate				
	Name Candid		Marty Chavez					
	Candid Party A		ion DEM Office X House Senate President	State District	NM 01			
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name Candid			<u> </u>	لب			
	Party (Comm	nittee:					
	(d)			emocratic, epublican,etc.)	Party.			
	Politic	al Act	tion Committee (PAC):					
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization	is a:			
			Corporation Corporation w/o Capital Stock Labor	Organization				
			Membership Organization Trade Association Coop	erative				
			In addition, this committee is a Lobbyist/Registrant PAC.					
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or pacommittee. (i.e., nonconnected committee)					
			In addition, this committee is a Lobbyist/Registrant PAC.					
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
			III addition, this committee is a Leadership FAC. (Identity sponsor on line 0.)					
			ilsing Representative:					
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political				
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political				
		Com	mittees Participating in Joint Fundraiser					
			1. FEC ID number					
			2. FEC ID nurriber					
			3. FEC ID number C]			
			FEC ID number		ł			

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Write or Type Committee Nar			
New Mexicans for Ma	arty Chavez		
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising R	tepresentative, or Lead	ership PAC Sponsor
			
			<u> </u>
Mailing Address			لنبيبينا
		ا ليا ل	لــــا-لـــــ
	CITYA	STATE A	ZIP CODE
Relationship:			•
Connected Organiza	tion Affiliated Committee Joint Fundrais	sing Representative	Leadership PAC Sponsor
Full Name Mailing Address	PO Box 91208		
	Albuquerque	NM	87199 _ 1208
Title or Position ♥	CITY A	STATE A	ZIP CODE A
Asst Tr	easurer Teleph	one number	
name and address of a	ne and address (phone number optional) of the treany designated agent (e.g., assistant treasurer). Sanchez PO Box 91208	easurer of the commit	tee; and the
	Albuquerque	NM	87199 _ 1208
Title or Position ♥	CITY A	STATE A	ZIP CODE A
Treasu	rer	.	_
	Teleph	one number	- '

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Full Name of Designated Agent	Darryl Tattrie		
Mailing Address	PO Box 91208		
	Albuquerque	<u>NM</u>	87199 – 1208
Title or Position ♥	CITY A	STATE A	ZIP CODE A
Asst Tr	reasurer Te	lephone number	
Banks or Other Deposit safety deposit boxes or n Name of Bank, Deposito	maintains funds.	ne committee deposits funds	, holds accounts, rents
Mailing Address	200 Lomas Blvd NW		
	Albuquerque	NM	87102
	CITY A	STATE 4	ZIP CODE 🛕
Name of Bank, Deposito	ry, etc.		
	<u> </u>		
Mailing Address			
	CITY A	STATE 4	ZIP CODE A

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) USPS Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation[™] or Signature Confirmation[™] Label Postmarked **USPS** Express Mail Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): **PREPARER** DATE PREPARED

(3/2005)