

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

Now organized under a sole RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM organization was only independent, tree standing PAC.

1. DO NAME OF COMMITTEE IN FULL (Check if name is changed) **New Mexico Conservation Voters Alliance, Inc. / AKA CVA**

2. DATE **8/14/98**

3. FEC Identification Number **200162453**

4. Is This Report An Amendment? YES NO

(b) Number and Street Address **PO BOX 40497**

(c) City, State and ZIP Code **ABO NM 87196** (198 Stanford St ABO NM 87196)

5. 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.)
- (c) This committee supports/opposes only one candidate (name of candidate) and is NOT an authorized committee.
- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.
- (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 Candidate | Candidate Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|
| | | | |

| Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|--|------------------------------|--------------|
| NM Conservation Voters Alliance, Inc | PO BOX 40497 ABO NM 87196 | connected |
| Also have a segregated state fund | | connected |

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 **Lynda Taylor** Mailing Address **1071 Governor Dempsey Dr. Schuta FE NM 87501** 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 **Lynda Taylor** Mailing Address **1071 Governor Dempsey Dr. Schuta FE NM 87501** Title or Position **Treasurer**

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. **1st state bank** Mailing Address and ZIP Code **PO BOX 3086 ABO NM 87190**
State fund # 125 7587 **Federal fund # 1257595**

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 Lynda Taylor | SIGNATURE OF TREASURER <i>Lynda Taylor</i> | DATE |
|--|---|------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §4970. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

RECEIVED
HOUSE OF REPRESENTATIVES
COMMUNICATIONS SECTION

HOUSE CAPITAL OUTLAY REQUEST

22141

OFFICE OF THE CLERK

STATE OF NEW MEXICO
43RD LEGISLATURE - SECOND SESSION, 1998

REQUESTED BY



FOR CONSTRUCTION OF A WATER SYSTEM AT THE NORTH BLANCO CANYON COMMUNITY
OF THE HUERFANO CHAPTER IN SAN JUAN COUNTY.

I request that the following capital outlay project be funded:

- to the New Mexico office of Indian affairs:

nine hundred fifty thousand dollars (\$950,000) to construct a water storage or distribution system at the North Blanco Canyon community of the Huerfano chapter in San Juan county.

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

| | |
|---|--------------------------------------|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input checked="" type="checkbox"/> First Class Mail | POSTMARKED 9/26/99 |
| <input type="checkbox"/> Registered/Certified Mail | POSTMARKED |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Postmark illegible | |
| <input type="checkbox"/> Received from the House office of Records and Registration | Date of Receipt |
| <input type="checkbox"/> Received from the Senate Office of Public Records | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Postmarked and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing | |
| <i>PA</i> | 10/1/99 |
| PREPARER | DATE PREPARED |