## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. DINEH BENALLY FOR CONGESS LTD CO PO BOX ADDRESS (number and street) (Check if address is changed) SHIPROCK 87420 NM CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS dinehbenallyforuscongress@gmail.com (Check if address is changed) Optional Second E-Mail Address vahan\_setyan@yahoo.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00734988 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. BENALLY, DONALD, , , Type or Print Name of Treasurer BENALLY, DONALD, , , [Electronically Filed] 01 16 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

		rm 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE • 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. (Con information below.)	nplete the candidate
Nam Can	ne of didate	BENALLY, DINEH, , ,	
	didate y Affiliati	on DEM Office Sought: <b>X</b> House Senate President	State NM District 03
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 s committee. (i.e., nonconnected committee)	egregated 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.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	•
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.		
	4.		

Mailing Address  CITY STATE ZIP CODE  Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor  7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  BENALLY, DONALD,  Full Name PO BOX 2219  Mailing Address  SHIPROCK NM 87420  Title or Position CITY STATE ZIP CODE  Telephone number 505 - 686 - 8943	Γ			
DINEH BENALLY FOR CONGESS LTD CO  6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor  NONE  Mailing Address  CITY STATE ZIP CODE  Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor  7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  BENALLY, DONALD  Full Name PO BOX 2219  Mailing Address  PO BOX 2219  Title or Position  CITY STATE ZIP CODE  Telephone number 505 688 8843  SHIPROCK NM 87420  Full Name Of 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 Of Treasurer BENALLY, DONALD,  Full Name Of Treasurer BENALLY, DONALD,  Full Name Of Treasurer State St	FEC Form 1 (Revised	1 02/2009)		Page 3
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor  NONE  Mailing Address  CITY STATE ZIP CODE  Relationship: Connected Organization Affiliated Committee Joint Fundralsing Representative Leadership PAC Sponsor  7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  BENALLY, DONALD, Full Name  PO BOX 2219  Mailing Address  PO BOX 2219  Title or Position  CITY STATE ZIP CODE  Telephone number 506 - 686 - 8943  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  of Treasurer  Mailing Address  PO BOX 2219  SHIPROCK  INM 87420  SHIPROCK  INM 87420  SHIPROCK  INM 87420  STATE ZIP CODE  Title or Position  CITY STATE ZIP CODE	Write or Type Committee Nar	ne		
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Mailing Address    City	6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative, or Leade	ership PAC Sponsor
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BENALLY, DONALD,	Relationship: Connect	ed Organization Affiliated Committee Joint I	Fundraising Representative	Leadership PAC Sponsor
Mailing Address  PO BOX 2219  SHIPROCK  SHIPROCK  NM  87420  Title or Position  CITY  STATE  ZIP CODE  Telephone number  505 686 8943  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 of Treasurer  Mailing Address  PO BOX 2219  SHIPROCK  NM  87420  NM  87420  SHIPROCK  NM  STATE  ZIP CODE  Title or Position	books and records.		) and position of the person in p	possession of committee
SHIPROCK  STATE  ZIP CODE  Telephone number  Tel	Full Name	PO BOX 2219		
Title or Position  CITY  STATE  ZIP CODE  Telephone number  Teleph	Mailing Address			
Title or Position  CITY  STATE  ZIP CODE  Telephone number  Teleph		SHIDDOCK	NIM 87420	<u> </u>
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Mailing Address  SHIPROCK  NM 87420  CITY STATE ZIP CODE  Title or Position		Y, DONALD, , ,		
CITY STATE ZIP CODE Title or Position	Mailing Address	PO BOX 2219		
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Title or Position		SHIPROCK	NM 87420	
	Title or Position	CITY	STATE	ZIP CODE
			ephone number   505  -	686

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Full Name of Designated Agent	BENALLY, DONALD, , ,	
Mailing Address	PO BOX 2219	
	SHIPROCK NM 87420	
Title or Position	CITY STATE 2	ZIP CODE
		8943
safety deposit bo Name of Bank, I	Depository, etc.	
	Depository, etc.  US BANK	
	Depository, etc.  US BANK	
Name of Bank, I	Depository, etc.  US BANK  Ep-mn-wn1a	
Name of Bank, I	Depository, etc.  US BANK	
Name of Bank, I	Depository, etc.  US BANK  Ep-mn-wn1a  ST PAUL  MN 55107	ZIP CODE
Name of Bank, I	Depository, etc.  US BANK  Ep-mn-wn1a  ST PAUL  CITY  STATE	ZIP CODE
Name of Bank, I	Depository, etc.  US BANK  Ep-mn-wn1a  ST PAUL  CITY  STATE	
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