

FEC
FORM 1

STATEMENT OF
ORGANIZATION

SECRETARY OF THE SENATE

05 OCT 14 AM 11:06

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Allen W McCullough MD, for US Senate

ADDRESS (number and street) P.O. Box 5102

(Check if address is changed) Alamogordo NM 87419-1

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS allenfornewmexico@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER 505-1327-2730


2. DATE 09/27/2005

3. FEC IDENTIFICATION NUMBER C

4. 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.

Type or Print Name of Treasurer R Nelson Franse

Signature of Treasurer  Date 10/05/2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 9437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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.)

Name of Candidate A L L E N , W M C , C U L I O C H , M D

Candidate Party Affiliation R E P Office Sought: House Senate President State N M
 District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (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 party committee.

6. Name of Any Connected Organization or Affiliated Committee

N O N E

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

Allen W McCulloch, MD for US Senate

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 | G a y l e D M c C u l l o c h

Mailing Address | P O B o x 1 5 2 9

|

| F a r m i n g t o n | N M | 8 1 7 4 9 9 -

Title or Position CITY STATE ZIP CODE

S e c r e t a r y Telephone number 5 0 9 - 3 2 8 - 3 5 7 0

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 | R N e l s o n F r a n s e

Mailing Address | 2 0 1 3 r d S t r e e t N W

| S u i t e 2 2 0 0

| A l b u q u e r q u e | N M | 8 7 1 0 2 -

Title or Position CITY STATE ZIP CODE

T r e a s u r e r Telephone number 5 0 5 - 7 6 8 - 7 2 5 9

Full Name of Designated Agent

Mailing Address

|

|

Title or Position CITY STATE ZIP CODE

Telephone number

B. 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.

C i t i z e n s , B a n k

Mailing Address

500 West Broadway

Parminster Penn N.J. 18740

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

25020391379
25020391379

J McCulloch, MD
5102
tion, NN 87499

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Office of Public Records
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SECRETARY OF THE SENATE
OCT 14 AM 11:07

EMILY J. REYNOLDS
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

MAIL SERVICE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-1178
PHONE: (202) 224-0412

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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PREPARER

RD

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10-14-05

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