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FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF  
COMMITTEE (In full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12P34M5

King for Congress

ADDRESS (number and street)

P.O. Box 1209

(Check if address  
is changed)

CARLSBAD

NM

88221-1209

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

gary@garyking.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

garyking.org

COMMITTEE'S FAX NUMBER

(505) 832-4467

2. DATE 04 08 2004

3. FEC IDENTIFICATION NUMBER ▶ C00393702

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

Bruce Malott

Signature of Treasurer

Date

04 08 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the persons signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Tel: From 505-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2003)

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 MARK K. KLINE

Candidate Party Affiliation DEM Office Sought  House  Senate  President  State  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

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization

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

Write or Type Committee Name

King for Congress

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: Harry K. King

Mailing Address: P.O. Box 1209

Carlsbad NM 88221-1209

Title or Position: CITY: STATE: ZIP CODE:

Candidate Telephone number:

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: Bruce Malott

Mailing Address: 500 Marquette NW

Suite 800

Albuquerque NM 87102

Title or Position: CITY: STATE: ZIP CODE:

Treasurer Telephone number: (505) 222-3519

Full Name of Designated Agent: KIMBERLY WOOD

Mailing Address: 3260 Xenon Street #44

CAS CRUCES NM 88012

Title or Position: CITY: STATE: ZIP CODE:

FINANCIAL DIRECTOR Telephone number: (505) 432-3504

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:

WELLS FARGO NEW MEXICO

Mailing Address

115 W FOX STREET

CARLSBAD NM 88220

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc:

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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.

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