Only

STATEMENT OF

PAGE 1 / 4 =

FORM 1		OR	GAN	IZA1	ΓΙΟΙ	N												
												(Office	Use C	nly			
NAME OF COMMITTEE (in	n full)		ck if name anged)		Examp over th			/pe	1	2FE	E4M	5						
Luna4US																		
																		Ш
ADDRESS (number a	and street)	930 12th Stre	et	1 1 1		1 1	1 1		1 1	ı	1 1	ı	1 1	ı	ıı	1 1	ı	. 1
(Check if	•	#1728																
is change		Alamogordo								NIN 4		. 00	311					
		CITY							L	NM TATE	_ _	00		,	 71P (ODE		
									J	1/A1 L	_					JOBE	_	
COMMITTEE'S E-MA																		
★ (Check if is change)		tcdatwyler@	gmail.com															
		Optional Sec	ond E-Mai	il Addres	ss													
																		Ш
COMMITTEE'S WEE	PAGE ADE	DRESS (URL)																
(Check if is change	address	Luna4US.con	n 			1 1			1 1	ı								ı I
is change.	u)																'	
																		Ш
2. DATE 0	1 10		Y															
3. FEC IDENTIFIC	CATION NU	IMBER ▶	С	C0084	44340	_												
4. IS THIS STATE	MENT	NEW (N)	OF	3	×	AME	NDED	(A)										
I certify that I have	examined th	is Statement a	nd to the	best of i	my kno	wledge	and b	elief	it is tr	ue, c	orre	ct an	d co	mplet	e.			
Type or Print Name	of Treasurer	Luna, Benjai	min, , ,															
Signature of Treasure	er L <u>una,</u>	Benjamin, , ,						_	Dat	e	0	2	/	05)24	Y
NOTE: Submission of	false, errone	ous, or incomp		-				-					e pen	alties	of 5	2 U.S	.C. §3	30109.
Office Use					Fe	or furthe deral Ele Il Free 8	ection C	ommis		t:						RM 5/2012)		

Local 202-694-1100

C Form	1 (Revised 03/2022)		Page 2						
TYPE (OF COMMITTEE:								
Candid	date Committee:								
(a) X	This committee is a principal campai	gn committee. (Complete the candidate inform	mation below.)						
(b)	This committee is an authorized cominformation below.)	mittee, and is NOT a principal campaign cor	nmittee. (Complete the candidate						
Name Candi	il una. Demanni, Nau	oh, ,							
Candi Party	idate Office Affiliation IDP Soug	· · · · · · · · · · · · · · · · · · ·	President State NM District 00						
(c)	This committee supports/opposes on	y one candidate, and is NOT an authorized	committee.						
	ne of ndidate								
Party	Committee:								
(d)	This committee is a	(National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party						
Politic	al Action Committee (PAC):								
(e)	This committee is a separate segregation	ated fund. (Identify connected organization or	n line 6.) Its connected 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 mo committee. (i.e., nonconnected comm	ore than one Federal candidate, and is NOT ittee)	a separate segregated fund or party						
	In addition, this committee	is a Lobbyist/Registrant PAC.							
	In addition, this committee	is a Leadership PAC. (Identify sponsor on lin	ne 6.)						
(g)									
(0)		is a Lobbyist/Registrant PAC.	•						
(h)	This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).								
	In addition, this committee	is a Lobbyist/Registrant PAC.							
Joint I	Fundraising Representative:								
(i)		pays fundraising expenses and disburses no e of which is an authorized committee of a f	-						
(j)		pays fundraising expenses and disburses not nich is an authorized committee of a federal	-						
Com	nmittees Participating in Joint Fundrais	ser							
1.			C						

	FEC Form 1 (Revised 0)	2/2009)	Page 3
V	/rite or Type Committee Name		- ago o
	Luna4US		
6.	Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundraising Representative, or Leade	ership PAC Sponsor
	NONE		
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponsor
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the person in posses	ssion of committee
	Luna, Benja	amin	
	Full Name	·······, , ,	
	Mailing Address	930 12th Street	
		#1728 	1
		Alamogordo NM 88341	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer		338 - 8544
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the issistant treasurer).	name and address of
	Full Name Luna, Benja	amin, , ,	1
	of Treasurer	1930 12th Street	
	Mailing Address		
		Alamogordo NM 8834	1
		14 V 6634	
	Title or Desition —	CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	. 745	338 8544
	Treasurer		338 - 8544

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Full Name of Designated Agent		
Mailing Addre	ss	
	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Position	on ▼	
	Telephone number	
safety deposit	ner Depositories: List all banks or other depositories in which the committee deposits for boxes or maintains funds.	unds, holds accounts, rents
Name of Banl	x, Depository, etc.	
	Chain Bridge Bank	
Mailing Addres	11445A Laughlin Avenue	
	McLean VA	22101
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Banl	x, Depository, etc.	
Mailing Addres	ss	
	CITY ▲ STATE ▲	ZIP CODE ▲