FEC

Only

STATEMENT OF

PAGE 1/6 •

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 X COMMITTEE (in full) is changed) over the lines. NELLA FOR SENATE P.O. BOX 90574 ADDRESS (number and street) (Check if address is changed) **ALBUQUERQUE** 87199 NM CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address compliance@rightsidecompliance.com is changed) Optional Second E-Mail Address compliance@rightsidecompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.nellaforsenate.com (Check if address is changed) DATE 2024 C00865956 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 HOBBS, CABELL, , HOBBS, CABELL, , , Date 04 26 2024 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

Local 202-694-1100

<u> </u>	_
FEC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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 information below.)	candidate
Name of Candidate Domenici, Nella, Louise, ,	
Candidate Office Party Affiliation REP Sought: House X Senate President	State NM
Party Affiliation REP Sought: House Senate President (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District 00
Name of Candidate	1 1 1 1 1
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republican,	etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	I organization is a:
Corporation Corporation w/o Capital Stock Labor Org	ganization
Membership Organization Trade Association Cooperati	ive
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	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.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC	C).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
Committees Participating in Joint Fundraiser	

_	FEC Form 1 (Revised 0)	2/2009)		Page 3
V	Vrite or Type Committee Name			
	NELLA FOR SEI			
6.		ganization, Affiliated Committee, Joint Fundraising Represent	tative, or Leadership	PAC Sponsor
	NELLA VICTORY FU	ND 		
	Mailing Address	P.O. BOX 92918		
		1		1 1 1 1 1 1
		ALBUQUERQUE	JM 87199	
		CITY ▲ STAT	TE ▲ ZIF	P CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Rep.	oresentative Lea	dership PAC Sponso
 7.	Custodian of Records: Identic	fy by name, address (phone number optional) and position of the	nerson in nossession	of committee
	books and records.	y by manie, address (phone namber — opinenal, and poemen or an	percent in pedececien	or commune
	HOBBS, CA	ABELL, , ,		
	Full Name			
	Mailing Address	P.O. BOX 90574		
		ALBUQUERQUE	IM 87199	-
		CITY ▲ STAI	ATE ▲ ZIF	P CODE ▲
	Title or Position ▼			
	TREASURER	Telephone number		
8.	Treasurer: List the name and any designated agent (e.g., a	I address (phone number optional) of the treasurer of the com ssistant treasurer).	nmittee; and the name	and address of
	Full Name HOBBS, CA	ABELL, , ,		
	of Treasurer			
	Mailing Address	P.O. BOX 90574		
		ALBUQUERQUE	NM 87199	
		CITY ▲ STAT	NTE ▲ ZIF	P CODE ▲
	Title or Position ▼			
	TREASURER	Telephone number		

FEC Form 1 (Re	evised 02/2009)		Page 4
Full Name of Designated			
Agent			
Mailing Address			
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
		Telephone number	
Banks or Other Deposit boxes	ositories: List all banks or other depositories in whor maintains funds.	ich the committee deposits fun	ds, holds accounts, rents
Name of Bank, Depos	sitory, etc.		
CH	HAIN BRIDGE BANK		
Mailing Address	1445-A LAUGHLIN AVE		
	MCLEAN	VA VA	22101
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depos	sitory, etc.		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	of 6
Page	of o

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
lame of Any Connected	I Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
Mailing Address	PO BOX 13026		
	AUSTIN	TX	78711
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	CITY ▲ CITY ▲ pries: List all banks or other depositories in which anintains funds.	Telephone Number	s funds, holds accounts, rent
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	CITY ▲ CITY ▲ pries: List all banks or other depositories in which anintains funds.	Telephone Numberh the committee deposits	s funds, holds accounts, rent
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY ▲ CITY ▲ pries: List all banks or other depositories in which anintains funds.	Telephone Numberh the committee deposits	s funds, holds accounts, rent
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY ▲ CITY ▲ pries: List all banks or other depositories in which anintains funds.	Telephone Numberh the committee deposits	s funds, holds accounts, rent

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	of 6
Page	of o

h). Joint Fundraisi			
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fur	ndraising Representativ	e, or Leadership PAC Spons
RECLAIM THE MAJ	ORITY		
	421 OFFICE PARK DR		
Mailing Address			
	MOUNTAIN BROOK	AL	35223
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X Joffy by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Sp
		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		oint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	sint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which paintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which paintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which paintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which paintains funds.	STATE A Telephone Number	ZIP CODE A