

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 MAY 27 P 3: 06

| | |
|---|--|
| 1. (a) NAME OF COMMITTEE IN FULL: <input type="checkbox"/> (Check if name is changed) <i>NM Conservation Voters Alliance</i> | 2. DATE <i>5/8/00</i> |
| (b) Number and Street Address: <input type="checkbox"/> (Check if address is changed) <i>PO BOX 40497 ABQ NM 87106</i> | 3. FEC Identification Number |
| (c) City, State and ZIP Code | 4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

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 | Candidate Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|
| | | | |
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
 - (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
 - (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 a party committee.

| 5. Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|---|--------------------------------------|------------------|
| <i>NM Conservation Voters Alliance</i> | <i>PO BOX 40497 ABQ NM 87106</i> | <i>connected</i> |

Type of Connected Organization
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Co-operative

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 | Mailing Address | Title or Position |
|--------------------|-----------------------------|---------------------|
| <i>Sylvia Ruiz</i> | <i>3308 Wilway NE 87106</i> | <i>Ex. Director</i> |

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 | Mailing Address | Title or Position |
|---------------------|---------------------------------------|-------------------|
| <i>Lynda Taylor</i> | <i>10716a Dempsey Dr. Santa Fe NM</i> | <i>Treas.</i> |

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.

- First state Bank - state fund, # 014001257587 Carlisle + Consti-
tution NE ABQ 87106
- First state Bank - federal fund # 0251001257576 "

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 <i>Lynda Taylor</i> | SIGNATURE OF TREASURER <i>Lynda Taylor</i> | DATE <i>5/8/00</i> |
|--|---|-----------------------|

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.

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

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|---|--------------------------------------|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input checked="" type="checkbox"/> First Class Mail | POSTMARKED 5-19-00 |
| <input type="checkbox"/> Registered/Certified Mail | POSTMARKED |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> Received from the House office of Records and Registration | Date of Receipt |
| <input type="checkbox"/> Received from the Senate Office of Public Records | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Postmarked and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing | |
| <i>JL</i> PREPARER | 5-22-00 DATE PREPARED |