STATEMENT OF

PAGE 1 / 4

FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Alexis Johnson for Congress 120 S. Federal Pl. Ste. 101 ADDRESS (number and street) PO Box 9401 (Check if address is changed) Santa Fe 87505 NM CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS votealexisjohnson@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.alexisjohnsonnm.com (Check if address is changed) DATE 20 2019 C00716480 FEC IDENTIFICATION NUMBER > 3. X 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. Johnson, Alexis, M,, Type or Print Name of Treasurer Johnson, Alexis, M,, [Electronically Filed] 80 20 2019 Signature of Treasurer Date 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE	_
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information bel	low.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (0 information below.)	Complete the candidate
Name of Candidate Johnson, Alexis, M, ,	
Candidate Office Party Affiliation REP Sought: X House Senate Presiden	State
Party Affiliation REP Sought: X House Senate Presiden	District 03
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee) .
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on 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 more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	e segregated 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.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate.	•
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	or two or more political
Committees Participating in Joint Fundraiser	
1.	
2.	
3.	
4. FEC ID number C	

FEC Form 1 (Revis	sed 02/2009)	 Page 3
Write or Type Committee N		-9
Alexis Johnson	on for Congress	
	ed Organization, Affiliated Committee, Joint Fundraising Representa	ative, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STAT	TE ZIP CODE
Relationship: Conn	ected Organization Affiliated Committee Joint Fundraising Repre	sentative Leadership PAC Sponsor
. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of t	the person in possession of committee
	son, Alexis, M, ,	
Full Name L Mailing Address	120 S. Federal Pl. Ste.101	
Mailing Address		
	Santa Fe NM	87504
Title or Position	CITY STATE	ZIP CODE
	Telephone number	505 427 - 2071
B. Treasurer: List the name any designated agent (e	e and address (phone number optional) of the treasurer of the comm.g., assistant treasurer).	ittee; and the name and address of
Full Name Johns of Treasurer	on, Alexis, M, ,	
Mailing Address	120 S. Federal Pl. Ste.101	
	Santa Fe NM	87504
Title or Position	CITY STATE	ZIP CODE
	Telephone number	505 427 - 2071

FEC For	m 1 (Revised 02/2009)	Page 4
Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit b	Propositories: List all banks or other depositories in which the committee deposits funds, however or maintains funds. Depository, etc. Wells Fargo	lds accounts, rents
safety deposit b	Depository, etc. Wells Fargo 1545 W. Cordova Rd.	
safety deposit b Name of Bank,	Depository, etc. Wells Fargo 545 W. Cordova Rd.	
safety deposit by Name of Bank, Mailing Address	Depository, etc. Wells Fargo 545 W. Cordova Rd. Santa Fe NM 87505	
safety deposit by Name of Bank, Mailing Address	Depository, etc. Wells Fargo 545 W. Cordova Rd. Santa Fe CITY STATE	
safety deposit by Name of Bank, Mailing Address	Depository, etc. Wells Fargo 545 W. Cordova Rd. Santa Fe CITY STATE Depository, etc.	
safety deposit by Name of Bank, Mailing Address Name of Bank,	Depository, etc. Wells Fargo 545 W. Cordova Rd. Santa Fe CITY STATE Depository, etc.	
safety deposit by Name of Bank, Mailing Address Name of Bank,	Depository, etc. Wells Fargo 545 W. Cordova Rd. Santa Fe CITY STATE Depository, etc.	