

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

LAS CRUCES FOR BEING EXTREMELY REALISTIC NOW
IN ELECTIONS

ADDRESS (number and street) 1522 W PARKER RD

(Check if address is changed)

LAS CRUCES N.M. 88005

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

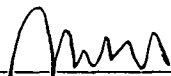
2. DATE 01-13-2016

3. FEC IDENTIFICATION NUMBER C00590620

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 MOLLY BOLT

Signature of Treasurer 

Date 01-13-2016

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.

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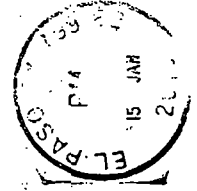
For further information contact
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

NON-PROFIT ORGANIZATION

UNIVERSITY MICROFILMS INTERNATIONAL

Las Cruces for BERNIE
1522 W Parker Rd
Las Cruces NM 88005




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Federal Election Commission
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 PREPARER
(3/2015)

2/1/16
DATE PREPARED

20150201 10:00:00 AM