## FEC FORM 1

## STATEMENT OF **ORGANIZATION**

SECRETARY OF THE SENATE

07 SEP 24 PH 1: 43

NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	ennergy diseases		
PEOPLE, FOR	P = T = D O M = E 1	N 1 C 1 C 0 M M 1	$\tau_{i}\tau_{j}\varepsilon_{i}\dot{\varepsilon}_{i}$			
	<u> </u>					
ADDRESS (number and street)	P. D. B.O.X	9,3,6,5,6,				
(Check if address						
is changed)	[A, L, B, W, Q, W, E, Q, W, E, , , , , ] [N, M] [B, 7, 1, 9, 9] - [3, 6, 5, 6]					
COMMITTEE'S E-MAIL ADDRES		CITY ▲	STATE ▲	ZIP CODE ▲		
HE 1 DI 1 . FIUILILE	12 @ 1CO X NI	$\varepsilon_1 \mathbf{f}_1$				
COMMITTEE'S WEB PAGE ADD	PRESS (URL)					
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		1   1   1   1   1   1   1   1   1   1				
COMMITTEE'S FAX NUMBER						
5,0,5-9,98-33	<u>3<sub>1</sub>3</u> ]					
2. DATE 09 18 2007						
3. FEC IDENTIFICATION NUMBER   C 0 0 2 0 2 6 4 8						
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)				
I certify that I have examined thi	is Statement and to the best of	of my knowledge and belief it	is true, correct and	complete.		
Type or Print Name of Treasurer	PRUIN F. DIAMO	- <u> </u>				
Signature of Treasurer	Sur 45	Dianes	pate 0,9	18 2007		
NOTE: Submission of false, erroned	ous, or incomplete information many CHANGE IN INFORMATION			enalties of 2 U.S.C. §437g.		
Office Use Only		For further information of Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	on F	FEC FORM 1 (Revised 02/2003)		

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FEC Form 1 (Revised 02/2003)

	FEC From 1 (Project	02/0000		Dans 2
٧	FEC Form 1 (Revised  Vrite or Type Committee Nam	<u></u>		Page 3
7.	Custodian of Records: Idea	entify by name, address (phone number optio	nal) and position of the	person in possession of committee
	Full Name [J.]	N, 1, C, K, L, E, 1, T, C, H, , C, P, A		
	Mailing Address	1,1,09, RHODE 1151LA	HUD NE	
		[A, L, B, U, Q, U, E, R, Q, U, E, , , ,	N <sub>1</sub> M	18,7,1,1,0-
	Title or Position▼	CITY ▲	STATE A	ZIP CODE A
8.	any designated agent (e.g.,	nd address (phone number optional) of the transistant treasurer).		
		1P1. 0. B 9x 93656	•	
	Mailing Address			
		A, L, B, W, Q, W E, R, &, W, E, , , ,		16,7,1,9,9-13,6,56
	Title or Position▼	CITY A	STATE A	ZIP CODE ▲
	TIRIEIASIURER		Telephone number	1015-918-3121015
	Full Name of Designated Agent S.A.P.	A141 181. 1 16181 1 1 1 1 1	1 1 1 1 1	
	Mailing Address	P1.10: 13 0x 1 19 316 5161		
		1. L 18 14 2 4 E 1 E 1 A 1 4 E 1 1 1	Mud L	[8,7,1,9,9]-[3,6,5,6

CITY A

STATE ▲

Telephone number

ZIP CODE A

505-99B-3298

Title or Position▼

ASSISTANT TREASULED

	FEC Form	Page 4		
9.		Depositories: List all banks or other depositories in which the committee deposits funds, hoxes or maintains funds.	nolds accounts, rents	
	Name of Bank, Depository, etc.			
		BANK 16 F AMERICA	<u> </u>	
	Mailing Address	P1. 101. 1 1 1 1 251 5101 1 1 1 1 1 1 1 1 1		
			<u> </u>	
		ALBUQUETLOWE   NM 817	1,1,2,5]-	
		CITY ▲ STATE ▲	ZIP CODE A	
Name of Bank, Depository, etc.				
		[FILRSIT NATIONAL BANK SF SANTA F	<u> </u>	
	Mailing Address	ONE PARK SQUARE		
		6,5,0,1, HIME, PILICIAS, PIARKWAY, NE		

A LBURIUTIANE

CITY A

18.7.1.10-

ZIP CODE A

NW

STATE A

FE3AN042.PDF

	FEC Fo	rm 1 (Revised 02/2003)	Page <b>2</b> 5		
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. (Compleinformation below.)	ete the candidate		
	Name of Candidate				
	Candidate Party Affiliation	Office Senate President	State District		
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.			
	Name of Candidate				
	(d)		emocratic, publican, etc.) Party.		
	(e)	This committee is a separate segregated fund.			
	(1)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee.	egated fund or party		
6.	Name of An	y Connected Organization or Affiliated Committee	ADDITIONAL		
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L	1 1 1 1 1				
	Mailing Addre	ess [P <sub>1</sub>   O <sub>1</sub>   1   B <sub>1</sub>   0   X <sub>1</sub>   7   5   1   O <sub>1</sub>   3   1   1   1   1   1   1   1   1   1	;		
		WIASAHILINGTIOINIIIII DIC ZOO	13-1		
		CITY ▲ STATE ▲	ZIP CODE A		
	Relationship	DIOI INIT IFIVINDIRIALISILING IREPRESENTATIO	E		
	Type of Conn	nected Organization:			
	Corp	oration Corporation w/o Capital Stock Labor Organizat	ion		
	Mem	bership Organization Trade Association Cooperative			

People For Pete 7.0. Box 93656

Albuguegue, UM 87199-3656

## RETURN RECEIPT REQUESTED

Office of Public Records
P.D. Box 5109

Alexandrea, VA 22301-0109

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27020302

SO : Z Hd 72 dis LO 128M38 3H1 10 (30) (36038

07 SEP 24 PH 2: 05 SECRETARY OF THE SENALE



HART SENATE OFFICE BUILDING SUITE 232 WASHINGTON, DC 20510-7116 PHONE: (202) 224-0322

## United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUM	IENT WAS:		•	
HAND DELIVERED	<u> </u>			
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