

## FEC FORM 1

## **STATEMENT OF ORGANIZATION**

(See instructions)

NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
The New Mexico Majorit	Committee			ليبيبين
				ليبيبين
ADDRESS (number and street)	PO Box 75103		لللللل	لتستست
(Check if address				لتستست
is changed)	Washington			20013
COMMITTEE'S E-MAIL ADDRESS		CITY	STATE	ZIP CODE
rjentgens@nrsc.org	, 	1 1 1 1 1 1 1 1 1 1	<u> </u>	
COMMITTEE'S WEB PAGE ADDR	RESS (URL)			•
				لتستست
سيسسس			بببيب	لتستست
COMMITTEE'S FAX NUMBER <b>2026754730</b>				
ا لىنا لىنا ل	لبيبا			
2. DATE 0,1 / 30	/			750 1 200 2008 /
3. FEC IDENTIFICATION NUME	BER			APR 3
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined this State	ment and to the best of my know	vledge and belief it is true, correct a	and complete	Ω
Type or Print Name of Treasurer	ROBERT JEN	TGENS		
Signature of Treasurer	· A		Date Date	3.7 20.8
NOTE: Submission of false, erroneous	_	subject the person signing this Sta		of 2 U.S.C. \$437g.
Office Use Only FE3AN042.PDF		For further information Federal Election Commis Toli Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2003)

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5. TYPE OF COMMITTEE (Check C	One)	
	s a principal campaign committee. (Complete the candidate s an authorized committee, and is NOT a principal campaig v.)	
Name of Candidate		<u> </u>
Candidate Party Affiliation	Office House Senate	State President District
(c) This committee su	pports/opposes only one candidate, and is NOT an author	ized committee.
Name of Candidate	<u></u>	
	a (National, State a (or subordinate) committee of the a separate segregated fund	(Democratic, Republican,etc.) Party.
(f) X This committee su committee.	pports/opposes more than one Federal candidate, and is N	NOT a separate segregated fund or party
6. Name of Any Connected Organ	nization or Affiliated Committee	
NATIONAL REPUBLICAN S	ENATORIAL COMMITTEE	
Mailing Address	425 SECOND STREET NE	<u></u>
. L	<del></del>	
L	WASHINGTON	DC 20002
	CITY▲	STATE ZIP CODE
Relationship JF Par	ticipant	
Type of Connected Organization	:	
Corporation	Corporation w/o Capital Stock	Labor Organization
Membership Organization	on Trade Association	Cooperative

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	orm 1 (Revised 02/2003)			Page3
	Committee Name	_		
	Mexico Majority Con			
	of Records: Identify b n of Committee books	y name, address, (phone number and records.	optional), and position of t	he person in
Full Name	Robert Jentg	ens		
Mailing Add	lress	PO Box 75103		
		Washington	DC	20013
Title or Posi	ition 🔻	CITY A	STATE	ZIP CODE A
	Treasurer		Telephone number	
Treasurer:	List the name and ad	ddress (phone number optional) nated agent (e.g., assistant treasu	of the treasurer of the comm rer).	littee; and the
rame and Full Name of Treasurer Mailing Add	, Robert Jentg			
Full Name of Treasurer	, Robert Jentg	ens	DC	20013 –
Full Name of Treasurer	r Robert Jentg	PO Box 75103	DC STATE	20013 - ZIP CODE ▲
Full Name of Treasurer Mailing Add	r Robert Jentg	PO Box 75103  Washington		
Full Name of Treasurer Mailing Add	r Robert Jentg iress ition ♥ Treasurer	PO Box 75103  Washington	STATE A	ZIP CODE A
Full Name of Treasurer Mailing Add	r Robert Jentg iress  ition  Treasurer  of  Tim Beall	PO Box 75103  Washington	STATE A	ZIP CODE A
Full Name of Treasurer Mailing Add	r Robert Jentg iress  ition  Treasurer  of  Tim Beall	PO Box 75103  Washington  CITY	STATE A	ZIP CODE A
Full Name of Treasurer Mailing Add	r Robert Jentg iress  ition   Treasurer  of  Tim Beall	PO Box 75103  Washington  CITY A  PO Box 75103	Telephone number	ZIP CODE <b>A</b> 675 6000

<ul> <li>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.</li> </ul>																												
Name of Bank, D	Deposito	ry, etc.																										
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Name of Bank, D	Deposito	ry, etc.	-																									
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FEC Form 1 (Revised 1/2001)

safety deposit boxes or r Name of Bank, Deposito			[ ADDITIONAL ]
<u></u>			
Mailing Address		<u> </u>	
			<del></del>
	CITY 🛦	STATE 🕰	ZIP CODE 🛕
	ad Occasional on as Allillated Occasional		
Name of Any Connect	ed Organization or Affiliated Committee		[ ADDITIONAL ]
-			[ ADDITIONAL ]
-	ed Organization or Affiliated Committee		[ ADDITIONAL ]
-			[ ADDITIONAL ]
New Mexico Republ			[ADDITIONAL]
New Mexico Republ	ican Nominee Committee		[ADDITIONAL]
-	PO BOX 75103		[ADDITIONAL]
New Mexico Republ	PO BOX 75103		20013
New Mexico Republ	PO BOX 75103 Washington		20013
New Mexico Republ	PO BOX 75103	DC	
New Mexico Republ  Mailing Address	PO BOX 75103 Washington		20013
New Mexico Republ  Mailing Address	PO BOX 75103 Washington		20013
New Mexico Republ  Mailing Address  Relationship	PO BOX 75103 Washington CITY		20013
New Mexico Republ	PO BOX 75103 Washington CITY		20013
New Mexico Republ  Mailing Address  Relationship  Type of Connected Org	PO BOX 75103  Washington  CITY 4  Farticipant	STATE A	20013
New Mexico Republ Mailing Address	PO BOX 75103 Washington CITY	STATE A	20013

Designated Agen	ıt																						[ /	AD	D	TI	ON	IAI	- ]			
Full Name Mailing Address	<u>L</u> .	<u>.</u>	<u>-</u>		1	 	_	_L_	1	<u> </u>	<u>i</u>	<u></u>	 !	!	!	!	ļ	<u> </u>	<u> </u>	1	I		1_	1	_L_ 		<u></u>	L	<u>l1</u>		_!_	<u>_</u>
Title or Position <b>▼</b>	,		-						CI	TY							_		ST	AT	- E.	<u> </u>	_			z	IP (	 	 DE /	<u> </u>	-	
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(3/2005)

## **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):