Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Democratic Party of New Mexico - Federal PO Box 27615 ADDRESS (number and street) (Check if address is changed) Albuquerque 87125 NM CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS reporting@capcompliance.com (Check if address is changed) Optional Second E-Mail Address amanda@nmdemocrats.org COMMITTEE'S WEB PAGE ADDRESS (URL) www.nmdemocrats.org (Check if address is changed) DATE 2022 C00161810 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. Smith, Rayellen, , , Type or Print Name of Treasurer Smith, Rayellen, , , [Electronically Filed] Date 06 2022 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page 2
. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the	ne candidate information below.)
(b) This committee is an authorized committee, and is NOT a princ information below.)	cipal campaign committee. (Complete the candidate
Name of Candidate	
Candidate Office Sought: House	Senate President District
(c) This committee supports/opposes only one candidate, and is NO	OT an authorized committee.
Name of Candidate	
Party Committee:	
(d) This committee is a STA (National, State or subordinate) committee	DEM (Democratic, Republican, etc.) Party
or caseramate, committee	Tiopublican, etc.) Farty
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected	ed organization on line 6.) Its connected organization is a:
Corporation Corporation w/o	Capital Stock Labor Organization
Membership Organization Trade Association	=
In addition, this committee is a Lobbyist/Registrant PA	C.
(f) This committee supports/opposes more than one Federal candid committee. (i.e., nonconnected committee)	date, and is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PA	C.
In addition, this committee is a Leadership PAC. (Iden	itify sponsor on line 6.)
(g) This committee is an independent expenditure-only political com	nmittee (Super PAC).
In addition, this committee is a Lobbyist/Registrant PA	
	, ,
In addition, this committee is a Lobbyist/Registrant PA	C.
Joint Fundraising Representative:	
This committee collects contributions, pays fundraising expenses	s and disburses net proceeds for two or more political
committees/organizations, at least one of which is an authorized	·
(j) This committee collects contributions, pays fundraising expenses committees/organizations, none of which is an authorized comm	·
Committees Participating in Joint Fundraiser	
1.	C

	FEC Form 1	(Revised 02/2009)	Page 3
V	Vrite or Type Comm		
_		atic Party of New Mexico - Federal	
6.	-	onnected Organization, Affiliated Committee, Joint Fundraising Representative, or Leade es Corporation/Democratic National Committee	rship PAC Sponsor
		430 S. Capitol Street, SE	
	Mailing Address		
		Washington DC 20003	3
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship:	Connected Organization Affiliated Organization X Joint Fundraising Representative	Leadership PAC Sponso
		contracting representative	
	Custodian of Doo		
7.	books and records	cords: Identify by name, address (phone number optional) and position of the person in possests.	ssion of committee
		Smith, Rayellen, , ,	
	Full Name		
	Mailing Address	PO Box 27615	
		1	
		Albuquerque , NM , 87125	5 1 1
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	710 - 1023
8.		ne name and address (phone number optional) of the treasurer of the committee; and the gent (e.g., assistant treasurer).	name and address of
	Full Name	Smith, Rayellen, , ,	
	of Treasurer		
	Mailing Address	PO Box 27615	
	Mailing Address		
		Albuquerque NM 87125	·
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	•	
	Treasurer		710 - 1023

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Full Name of Designated Agent		
Mailing Address		
Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Telephone number	
Banks or Other Depositor safety deposit boxes or m	pries: List all banks or other depositories in which the committee deposits ful aintains funds.	unds, holds accounts, rents
Name of Bank, Depository	v, etc.	
Amal	gamated Bank	
Mailing Address	1825 K St	
	Washington	20006
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, Depository	v, etc.	
U.S. E	Bank	
Mailing Address	3000 Central Ave SE	
	Albuquerque	87106
	CITY ▲ STATE ▲	ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Democratic Grass	sroots Victory Fund		
Market Addition	430 South Capitol St SE		
Mailing Address			
	Washington	D0	20002
	Washington	DC DC	20003
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected	d Organization Affiliated Committee	Fundraising Represent	ative Leadership PAC S
Connected		Fundraising Represent	ative Leadership PAC S
Connected esignated Agent: Identify	d Organization Affiliated Committee	Fundraising Represent	Leadership PAC S
Connected esignated Agent: Identify Full Name	d Organization Affiliated Committee	Fundraising Represent	Leadership PAC S
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esignated Agent: Identify Full Name Mailing Address	d Organization Affiliated Committee	Fundraising Represent	Leadership PAC S
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi	•		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connector	l Organization, Affiliated Committee, Joint Fund	voicing Denvecentative	o or Londovskip DAC Spon
Dollars For Demo	_	raising nepresentative	e, or Leadership PAC Spon
Mailing Address	430 South Capitol, SE		
3			
	Washington	DC	20003
Relationship:	CITY 🛦	STATE ▲	ZIP CODE ▲
		t Fundraising Representa	ative Leadership PAC Sp
	Affiliated Committee	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** ____

h). Joint Fundraisin	g Participant:					_
1.			FEC ID	number	C	
2.			FEC ID	number	С	
3.			FEC ID	number	С	
4.			FEC ID	number	С	_
	Organization, Affiliated Con	nmittee, Joint Fun	draising Repre	esentative	e, or Leadership PAC	Spon
Biden Victory Fun	ג 					
	430 South Capitol St SE					
Mailing Address						
	Marking a			DO	20002	
	Washington 			DC	20003	
Relationship:	CIT	Y 🛦	;	STATE A	ZIP CODE	Ξ ▲
	Organization Affiliated C		int Fundraising I	Representa	Leadership F	PAC S
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esignated Agent: Identify			int Fundraising I	Representa		
esignated Agent: Identify	by name, address (phone n	umber – optional)				
esignated Agent: Identify	by name, address (phone n	umber – optional)		Representa		
esignated Agent: Identify Full Name	by name, address (phone n	umber – optional)		TATE A		
esignated Agent: Identify Full Name	by name, address (phone n	umber – optional)	ST	TATE A		
Full Name	by name, address (phone n	umber – optional)	ST Telephone Nur	TATE A	ZIP CODE	
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor of the deposit boxes or maintenance.	by name, address (phone n	umber – optional)	ST Telephone Nur	TATE A	ZIP CODE	
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor of the deposite boxes or main arms of Bank,	by name, address (phone n	umber – optional)	ST Telephone Nur	TATE A	ZIP CODE	
Full Name	by name, address (phone n	umber – optional)	ST Telephone Nur	TATE A	ZIP CODE	
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor dety deposit boxes or material depository, etc.	by name, address (phone n	umber – optional)	ST Telephone Nur	TATE A	ZIP CODE	
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor dety deposit boxes or material depository, etc.	by name, address (phone n	umber – optional)	ST Telephone Nur	TATE A	ZIP CODE	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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y) or (h). Joint Fundraisi r	ng Participant:		
,, ,, 1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
		J	
Name of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Sponsor
Heinrich Victory F	Fund		
Mailing Address	1050 17TH ST NW STE 590		
	Washington	DC	20036
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	oint Fundraising Representa	ative Leadership PAC Sponsor
Designated Agent: Identif	fy by name, address (phone number – optional)		
Mailing Address	1		
		1 1 . 1	1
	CITY A	STATE ▲	ZIP CODE ▲
TITLE OR POSITION	· •	Telephone Number	
Banks or Other Deposito			
safety deposit boxes or m Name of Bank, Depository, etc. Mailing Address	pries: List all banks or other depositories in whaintains funds.	ich the committee deposit	s funds, holds accounts, rents

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
lame of Any Connected Lujan Victory Fur	Organization, Affiliated Committee, Joint Fun	ndraising Representative	e, or Leadership PAC Spon
Mailing Address	611 Pennsylvania Ave SE	1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1
	Num 143		
	Washington	DC	20003
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
and the state of t		int Fundraising Representa	Leadership TAO O
esignated Agent: Identif	y by name, address (phone number – optional)		Leadership TAO of
	y by name, address (phone number – optional)		Leadership FAO Op
Full Name	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	CITY A	STATE A	Leadership PAC Sp
Full Name	CITY A		
Full Name Mailing Address TITLE OR POSITION	CITY A pries: List all banks or other depositories in which	STATE Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite defety deposit boxes or mane of Bank,	CITY A pries: List all banks or other depositories in which	STATE Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY A pries: List all banks or other depositories in which	STATE Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY A pries: List all banks or other depositories in which	STATE Telephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi r	ig i ai tioipairt.		
1		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fundament	draising Representative	e, or Leadership PAC Spon
Friends of State D	Democratic Parties		
I			
Mailing Address	114 Beauchamp Lane		
	LaFayette	LA L	70506
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif	d Organization Affiliated Committee	int Fundraising Represent	ative Leadership PAC Sp
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material depositions, epository, etc.	y by name, address (phone number – optional) CITY CITY ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisir	•		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
Gabe Vasquez Vi	Organization, Affiliated Committee, Joint Funda	raising Representative	e, or Leadership PAC Spon
Mailing Address	611 Pennsylvania Avenue SE		
	Washington	l DC l	20003
Relationship:	CITY A	STATE A	ZIP CODE A
		0	007
		t Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif	d Organization Affiliated Committee	t Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identify Full Name Mailing Address	Affiliated Committee y by name, address (phone number – optional) CITY		
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