

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

FEB 17 2 30 PM '98

1. (a) NAME OF COMMITTEE IN FULL Friends of Eric Serna for Congress <small>(Check if name is changed)</small>	2. DATE 11/20/97
(b) Number and Street Address Post Office Box 8254 <small>(Check if address is changed)</small>	3. FEC Identification Number
(c) City, State and ZIP Code Santa Fe, New Mexico 87504	4. Is This Report An Amendment? <input type="checkbox"/> YES <input type="checkbox"/> NO

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. (Complete the candidate information below.)
- |                                    |   |                                      |                            |
|------------------------------------|---|--------------------------------------|----------------------------|
| Name of Candidate<br>Eric P. Serna | Candidate Party Affiliation<br>Democrat | Office Sought<br>U.S. Representative | State/District<br>NM/Third |
|------------------------------------|---|--------------------------------------|----------------------------|
- (c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee.  
(name of candidate)
- (d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party.  
(National, State or subordinate) (Democratic, Republican, etc.)
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization

- Corporation  Corporation w/o Capital Stock  Labor Organization  Membership Organization  Trade Association  Cooperative

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name John B. Pound	Mailing Address Post Office Box 5098 Santa Fe, NM 87502-5098	Title or Position Treasurer
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8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name John B. Pound	Mailing Address Post Office Box 5098 Santa Fe, NM 87502-5098	Title or Position (505) 982-8405 Treasurer
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9. 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.

Name of Bank, Depository, etc. Nations Bank-Santa Fe	Mailing Address and ZIP Code 1234 St. Michael's Drive, Santa Fe, NM 87502
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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 John B. Pound	SIGNATURE OF TREASURER 	DATE 12/5/97
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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.

For further information contact:  
Federal Election Commission  
Toll-free 800-424-9530  
Local 202-219-3420

FEGAN053

**FEC FORM 1**  
(revised 4/87)

