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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Marco for Congress PO Box 1445 ADDRESS (number and street) (Check if address is changed) Santa Fe 87504 NM CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS jcarloserna@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00706325 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Solano, Isabel, , , Type or Print Name of Treasurer Solano, Isabel,,, [Electronically Filed] 10 2020 Signature of Treasurer Date 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • Committee:	
(a)	x	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. (Corinformation below.)	nplete the candidate
Nam Cand	e of lidate	Serna, Marco, , ,	
	lidate Affiliati	on DEM Office Sought: X House Senate President	State NM District 03
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

Write or Type Committee Name Marco for Congress 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC S NONE Mailing Address CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PA CITY STATE ZIP CODE Relationship: Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of books and records. Solano, Isabel, ,, Full Name PO Box 1445 Mailing Address PO Box 1445 Mailing Address Title or Position CITY STATE ZIP CODE Telephone number 505 - 917 - 6 8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and acany designated agent (e.g., assistant treasurer).	ponsor
NONE Mailing Address Mailing Address Mailing Address Connected Organization Affiliated Committee Joint Fundraising Representative, or Leadership PAC S CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC S Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of books and records. Solano, Isabel. , , Full Name PO Box 1445 Mailing Address Santa Fe NM 87504 Title or Position CITY STATE ZIP CODE Telephone number 505 – 917 – Telephone number 505 – 917 – Telephone number 505 – 917 – Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee	
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Telephone number 505 - 917 - 63. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and according to the committee; and the name and according to the committee.	
Telephone number	
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	dress of
Full Name Solano, Isabel, , , of Treasurer	
Mailing Address PO Box 1445	
Santa Fe NM 87504	
CITY STATE ZIP CODE Title or Position	
Telephone number 505 - 917 - [

FEC For n	n 1 (Revised 02/2009)	Page 4
Full Name of Designated	Serna, Eric, , ,	
Agent	PO Box 1445	
Mailing Address		
	Santa Fe NM 87504	
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Name of Bank, I	New Mexico Bank and Trust 1592 St Michaels Dr	
	Santa Fe NM 87505	
	CITY STATE	ZIP CODE
Name of Bank, I	Depository, etc.	
Mailing Address		
	CITY STATE	ZIP CODE

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

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(h). Joint Fundraising	Participant:				
1.				FEC ID number	C
2.				FEC ID number	С
3.				FEC ID number	C
4.				FEC ID number	C
Name of Any Connected C	Organization, Af	filiated Committee, J	loint Fundraisi	ng Representat	ive, or Leadership PAC Spons
Mailing Address					
Relationship:		CITY A		STATE A	▲ ZIP CODE ▲
Designated Agent: Identify		Affiliated Committee		ndraising Represe	ntative Leadership PAC Spo
Designated Agent: Identify Serna, Ma Full Name	by name, addre	ss (phone number – o		ndraising Represe	ntative Leadership PAC Spo
Designated Agent: Identify Serna, Ma	by name, addre	ss (phone number – o		ndraising Represe	ntative Leadership PAC Spo
Designated Agent: Identify Serna, Ma Full Name	by name, addre	ss (phone number – o			
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Designated Agent: Identify Serna, Ma Full Name	by name, addre	ss (phone number – o			
Designated Agent: Identify Serna, Ma Full Name Mailing Address	by name, addre	ss (phone number – o	optional)	NM I	87504
Designated Agent: Identify Serna, Ma Full Name Mailing Address TITLE OR POSITION	by name, addre	ss (phone number – o	optional)	NM STATE A	87504
Serna, Ma Full Name Mailing Address TITLE OR POSITION Banks or Other Depositori afety deposit boxes or main lame of Bank, Depository, etc.	by name, addre	ss (phone number – o	optional)	NM STATE A	87504 ZIP CODE ▲