FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

LAS CRUCES FOR BERNIE

ADDRESS (number and street) 1918 GLADYS DR

☐ (Check if address is changed)

LAS CRUCES | NM | 88001-
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed) LCFORBERNIE@GMAIL.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed) www.facebook.com/lascrucesforbernie

2. DATE 10 / 16 / 2015

3. FEC IDENTIFICATION NUMBER ▶ C

4. 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.

Type or Print Name of Treasurer MOLLY BOLT

Signature of Treasurer [signature] Date 10 / 16 / 2015

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 Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

16970300001

5. TYPE OF COMMITTEE

Candidate Committee:

(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

Candidate Party Affiliation

Office Sought: House Senate President

State

District

(c) X This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate BERNIE SANDERS

Party Committee:

(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. FEC ID number C

2. FEC ID number C

3. FEC ID number C

4. FEC ID number C

201510260300030752

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY STATE ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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 ELISA SANCHEZ

Mailing Address 4552 PASEO AZUL

LAS CRUCES NM 88011-

CITY STATE ZIP CODE

Title or Position

ASST TREASURER

Telephone number 575-532-9148

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 of Treasurer MOLLY BOLT

Mailing Address 1918 GLADYS DR

LAS CRUCES NM 88001-

CITY STATE ZIP CODE

Title or Position

TREASURER

Telephone number 510-842-6058

Full Name of Designated Agent: ELISA SANCHEZ

Mailing Address: 4552 PASEO AZUL

LAS CRUCES | NM | 88011-

CITY STATE ZIP CODE

Title or Position: ASST TREASURER

Telephone number: 575-532-9148

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.

CITIZENS BANK

Mailing Address: PO BOX 2108

LAS CRUCES | NM | 88004-

CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

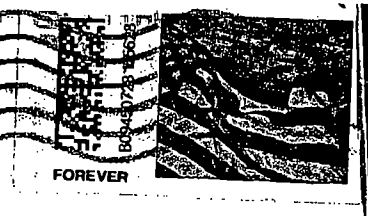
CITY STATE ZIP CODE

20151020300037064

for Dennie
s, DC
NM 88001

EL PASO TX 799

16 OCT 2015 PM 2 T



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201510260300030766

Federal Election Commission
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PREPARER JB | 10/26/15 DATE PREPARED

(3/2015)