

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

RECEIVED  
SECRETARY OF THE SENATE  
PUBLIC RECORDS  
08 JAN 23 AM 10:51

Office Use Only

1. NAME OF  
COMMITTEE (in full)



(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

ROBERT PIDCOCK FOR CONGRESS

ADDRESS (number and street)

4620-C



(Check if address  
is changed)

JEFFERSON LANE NE

ALBUQUERQUE

NM

87109

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

RLPIDCOCK@AOL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

ROBERTPIDCOCKFORCONGRESS.COM

COMMITTEE'S FAX NUMBER

505-883-1630

2. DATE

01/18/2008

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

DANIEL FABER

Signature of Treasurer

*Daniel Faber*

Date

01/18/2008

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  
Use  
Only

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

FEC FORM 1  
(Revised 12/2007)

2008 JAN 23 P 4:09

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FEDERAL ELECTION  
COMMISSION  
JAN 23 2008

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## 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

ROBERT L. PIDCOCK

Candidate Party Affiliation

DEM

Office Sought:

☒

House

☐

Senate

☐

President

State

NM

District

01

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

Name of Candidate

**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:
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Corporation             | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association             | <input type="checkbox"/> Cooperative        |
- (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 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.	<input type="checkbox"/>	FEC ID number	C
2.	<input type="checkbox"/>	FEC ID number	C
3.	<input type="checkbox"/>	FEC ID number	C
4.	<input type="checkbox"/>	FEC ID number	C
5.	<input type="checkbox"/>	FEC ID number	C

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Write or Type Committee Name

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

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship:



Connected Organization



Affiliated Committee



Leadership PAC Sponsor



Joint Fundraising Representative

## 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

DANIEL FABER

Mailing Address

14620-C

JEFFERSON LANE NE

ALBUQUERQUE

NM

87109-

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

505-830-0405

## 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

DANIEL FABER

Mailing Address

14620-C

JEFFERSON LANE NE

ALBUQUERQUE

NM

87109-

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

505-830-0405

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Full Name of  
Designated  
Agent

ROBERT P. D. COCK

Mailing Address

4620-C

JEFFERSON LANE NE

ALBUQUERQUE

NM

87109-

CITY

STATE

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

505-883-6300

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.

NEW MEXICO EDUCATORS FEDERAL CU

Mailing Address

PO BOX 8530

ALBUQUERQUE

NM

87108-

8530

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 1/18/08
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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	

<input type="checkbox"/> USPS Express Mail	Postmarked
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☐ Postmark Illegible

☐ No Postmark

<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	

<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input checked="" type="checkbox"/> Received from Senate Public Records Office	Date of Receipt 1/23/08
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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 PREPARER	1/23/08 DATE PREPARED
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