FEC

Only

STATEMENT OF

PAGE 1/7 -

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. NELLA FOR SENATE P.O. BOX 90574 ADDRESS (number and street) (Check if address is changed) **ALBUQUERQUE** 87199 NM CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address compliance@rightsidecompliance.com is changed) Optional Second E-Mail Address compliance@rightsidecompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.nellaforsenate.com (Check if address is changed) DATE 2024 C00865956 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. Type or Print Name of Treasurer HOBBS, CABELL, , HOBBS, CABELL, , , Date 06 27 2024 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

EC Form	n 1 (Revised 03/2022)	Page 2
TYPE	OF COMMITTEE:	
Candi	-	
(a) X	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	information below.)	ne candidate
	DOMENICI, Nella, LOUISE.	
	DED V	State NM District 00
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Party		
(d)	This committee is a	
Politic	cal Action Committee (PAC):	
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the conformation below.) Name of Candidate Domenici, Nella, Louise, , Candidate Party Affiliation REP Office Sought: House Senate President (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Party Committee: (Name of Candidate (National, State (Democratic, Committee))	ed organization is a	
	Corporation W/o Capital Stock	Organization
		_
		auve
(f)		nd fund or party
(1)		su fully of party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g)	This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
(h)	This committee is a political committee with both contribution and non-contribution accounts (Hybrid P	AC).
	In addition, this committee is a Lobbyist/Registrant PAC.	,
Joint	Fundraising Representative:	
(i)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(j)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
Cor	mmittees Participating in Joint Fundraiser	
1	C	

I	FEC Form 1 (Revised 0	2/2009)		Page 3
V	Vrite or Type Committee Name NELLA FOR SEI	 NATE		
6.		rganization, Affiliated Committee, Join	nt Fundraising Representa	tive, or Leadership PAC Sponsor
	NELLA VICTORY FU			,
	Mailing Address	P.O. BOX 92918		
		ALBUQUERQUE	ı ı NM	, 87199
	_	CITY ▲	STATE	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	X Joint Fundraising Repre	sentative Leadership PAC Spons
7.		ify by name, address (phone number op	otional) and position of the pe	erson in possession of committee
	books and records.			
	HOBBS, C	ABELL, , ,		
		,P.O. BOX 90574		
	Mailing Address			
		ALBUQUERQUE	NM	87199
		CITY ▲	STATE	ZIP CODE ▲
	Title or Position ▼			
	TREASURER		Telephone number	
			receptions number	
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of assistant treasurer).	f the treasurer of the comm	ittee; and the name and address of
	Full Name HOBBS, Ca	ABELL, , ,		
	of Treasurer			
	Mailing Address	P.O. BOX 90574		
		ALBUQUERQUE	NM	87199
		CITY ▲	STATE	ZIP CODE ▲
	Title or Position ▼	5117 —	OIAIL	
	TREASURER		Telephone number	1
			resoptione number	

FEC Form 1 (Revised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
	CITY A	STATE ▲	ZIP CODE ▲
Title or Position ▼			
	Telephon	ne number	
	epositories: List all banks or other depositories in which the cons or maintains funds.	mmittee deposits fund	ds, holds accounts, rents
Name of Bank, De	pository, etc.		
ا	CHAIN BRIDGE BANK		
Mailing Address	1445-A LAUGHLIN AVE		
	MCLEAN	VA	22101
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, De	pository, etc.		_
L			
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

		7
Page	of	,

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
lame of Any Connected	I Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
Mailing Address	PO BOX 13026		
	AUSTIN	TX	78711
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	CITY ▲ CITY ▲ Ories: List all banks or other depositories in which an intains funds.	Telephone Number	s funds, holds accounts, rent
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	CITY ▲ CITY ▲ Ories: List all banks or other depositories in which an intains funds.	Telephone Numberh the committee deposits	s funds, holds accounts, rent
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY ▲ CITY ▲ Ories: List all banks or other depositories in which an intains funds.	Telephone Numberh the committee deposits	s funds, holds accounts, rent
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FEC Form 1S (Revised 02/2017)

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

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Page	of '	

(h). Joint Fundraisi	ng Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
lame of Any Connected	I Organization, Affiliated Committee, Joint Fundr	aising Representativ	e, or Leadership PAC Spons
RECEATIVITIE WAS			
Mailing Address	421 OFFICE PARK DR		
Relationship:	MOUNTAIN BROOK CITY	AL STATE A	35223 ZIP CODE ▲
		01/112 =	211 0002 2
	ed Organization Affiliated Committee X Joint fy by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Spo
		Fundraising Represent	Leadership PAC Spo
esignated Agent: Identi		Fundraising Represent	Leadership PAC Spo
esignated Agent: Identi		Fundraising Represent	Leadership PAC Spo
esignated Agent: Identi		Fundraising Represent	Leadership PAC Spo
esignated Agent: Identi	fy by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Spo
resignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
Full Name Mailing Address	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A elephone Number the committee deposit	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Janks or Other Deposite afety deposit boxes or make the property of the property of the position of the property of the position of the property of the propert	fy by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which paintains funds.	STATE A elephone Number the committee deposit	ZIP CODE ZIP CODE ts funds, holds accounts, rents

FEC Form 1S (Revised 02/2017)

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

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FEC ID number C Dected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC EPUBLICAN SENATE VICTORY SSUITE 115 ALEXANDRIA CITY A STATE A ZIP CODE CITY A STATE A Leadership F	- L L L
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