

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

Greer For Congress

ADDRESS (number and street)

P O Box 3446

(Check if address is changed)

Truth Or Consequences

NM

87901

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

Grassrootsforgreer@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.earlgreer.org

COMMITTEE'S FAX NUMBER

575 - 744 - 5121

2. DATE

01 / 17 / 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

Harold Foreman

Signature of Treasurer

Harold W. Foreman

Date

01 / 24 / 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
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Only

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

FEC FORM 1
(Revised 02/2003)

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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 G. Earl Greer

Candidate Party Affiliation REP Office Sought: House Senate President State NM District 02

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

Name of Candidate _____

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

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

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

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Write or Type Committee Name

Greer for Congress

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 | Rebecca L. Geiger

Mailing Address | 3 Arcadia Drive

| Peralta | NM | 87042

Title or Position CITY STATE ZIP CODE

| Records Manager | Telephone number | 505 | - | 379 | - | 5429

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 | Harold Foreman

Mailing Address | 2245 THOMAS DR

| LAS CRUCES | NM | 88001

Title or Position CITY STATE ZIP CODE

| Treasurer | Telephone number | 505 | - | 522 | - | 1068

Full Name of Designated Agent | Rebecca L. Geiger

Mailing Address | 3 Arcadia Drive

| Peralta | NM | 87042

Title or Position CITY STATE ZIP CODE

| Records Manager | Telephone number | 505 | - | 379 | - | 5429

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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.

Bank of the Southwest

Mailing Address

509 Broadway

Truth or Consequences NM 87901

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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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.

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USPS First Class Mail Postmarked

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1/25/08

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 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

Jm D
 PREPARER

1/25/08
 DATE PREPARED

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