

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

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

12FE4M5

Mark Ronchetti for New Mexico

ADDRESS (number and street) PO Box 92050
 (Check if address is changed)
Albuquerque NM 87199
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS
 (Check if address is changed) cameron@c2complianceconsulting.net
Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)
 (Check if address is changed) MarkRonchetti.com

2. DATE 09 / 09 / 2020

3. FEC IDENTIFICATION NUMBER C C00733469

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 Phillips, Cameron, , ,

Signature of Treasurer Phillips, Cameron, , , [Electronically Filed] Date 09 / 09 / 2020

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.

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 Ronchetti, Mark, , ,

Candidate Party Affiliation REP Office Sought: House Senate President State NM District 00

- (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:
 - 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

Write or Type Committee Name

Mark Ronchetti for New Mexico

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

SENATE FIREWALL 2020

Mailing Address

1305 W 11TH ST

#213

HOUSTON

TX

77008

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 Phillips, Cameron, , ,

Mailing Address PO Box 92050

Albuquerque

NM

87199

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 505 - 585 - 4456

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 Phillips, Cameron, , ,

Mailing Address PO Box 92050

Albuquerque

NM

87199

Title or Position Treasurer

CITY

STATE

ZIP CODE

Telephone number 505 - 585 - 4456

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for Telephone number]

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.

Wells Fargo Corp.

[Empty grid for Wells Fargo Corp. name]

Mailing Address

420 Montgomery

[Empty grid for Mailing Address line 2]

San Francisco CA 94104

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

ChainBridge Bank

[Empty grid for ChainBridge Bank name]

Mailing Address

1445-A Laughlin Avenue

[Empty grid for Mailing Address line 2]

McLean VA 22101

CITY

STATE

ZIP CODE