| Image# 202404059627468946 | | | <u>.</u> | PAGE 1 / 11 |
|---|-------------------------------|---|----------------------|------------------------------|
| FEC FORM 1 | STATEME ORGANIZ | - | | |
| | | | | Office Use Only |
| 1. NAME OF COMMITTEE (in full) | (Check if name is changed) | Example:If typing, type over the lines. | 12FE4M5 | 5 |
| Republican Campa | ign Committee Of | New Mexico | | |
| | | | | |
| ADDRESS (number and street) | PO Box 94083 | | | |
| (Check if address | | | | |
| is changed) | Albuquerque | | | 87199-4083 |
| | CITY A | | STATE ▲ | ZIP CODE ▲ |
| COMMITTEE'S E-MAIL ADDRE | SS | | | |
| (Check if address is changed) | pgpearce53@gmail.com | | | |
| | Optional Second E-Mail Ad | dress | | |
| | | | | |
| (Check if address is changed) | newmexico.gop | | | |
| 2. DATE 02 16 | | | | |
| 3. FEC IDENTIFICATION NU | | 00020818 | | |
| . FECIDENTIFICATION IN | | | | |
| 4. IS THIS STATEMENT | NEW (N) OR | AMENDED (A) | | |
| certify that I have examined th | his Statement and to the best | of my knowledge and belie | f it is true correct | and complete |
| | | | | |
| Type or Print Name of Treasure | r Skaggs, Kimberly, , , | | | |
| Signature of Treasurer Skag | ıgs, Kimberly, , , | | Date 04 | M / D D / Y Y Y 05 / 2024 |
| NOTE: Submission of false, erron | | may subject the person signir TION SHOULD BE REPORTE | - | |
| Office | | For further informatio | n contact: | FEC FORM 1 |
| Use Only | | Toll Free 800-424-9530 Local 202-694-1100 | | (Revised 06/2012) |

04/05/2024 12 : 53

| FEC Form 1 (Revised 03/2022) | Page 2 |
|--|-------------------------------------|
| 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. (Cor information below.) | nplete the candidate |
| Name of Candidate | |
| Candidate Office Party Affiliation Sought: House Senate Preside | |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. | District |
| Name of Candidate | |
| (d) N/ This committee is a STA REP | emocratic, publican, 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 s committee. (i.e., nonconnected committee) | egregated fund or 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 (H | Hybrid PAC). |

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 or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
 (j) 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
 2.

| FEC Form 1 (Revised 02/2009) | Page 3 |
|------------------------------|---------------|
| Write or Type Committee Name | |

Republican Campaign Committee Of New Mexico

| 6. | Name of Any Connected Or | ganization, Affi | liated | Con | nmit | tee, | Joi | int F | un | dra | sin | g R | lepr | res | enta | tive | e, o | r L | ead | lers | ship | P/ | AC | Spc | ons | or | |
|----|--------------------------|------------------|---------|-------|------|-------|-----|-------|----|------|-----|------|------|-----|-------|------|-------|-----|------|------|------|------|------|-----|-----|------|-----|
| | Republican National | | | | | | | | | | | | | | | | I | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Mailing Address | 310 1st St SE | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Washington | | | | | | | | | | | | | DC | | | | 2000 |)3-1 | 1885 | 5 |] – | | | | |
| | | | | Cľ | TY | | | | | | | | | S | TAT | E 🔺 | | | | | ZIF | P C | OD | E 🖌 | • | | |
| | Relationship: Connected | Organization X | Affilia | ted C | Drga | nizat | ion | | J | oint | Fur | ndra | isin | g F | lepre | eser | ntati | ve | l |] | Lea | ders | ship | PA | c s | Spor | SOI |

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

| Pearce, Ph | ilip, G, , |
|----------------------|---|
| Full Name | |
| Mailing Address | 3718 Bridle Trails Ct |
| | |
| | College Station TX 77845-4497 |
| | CITY ▲ STATE ▲ ZIP CODE ▲ |
| Title or Position ▼ | |
| Custodian of Records | Telephone number 979 571 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 | Skaggs, Kimberly, , , |
|---------------------------|--|
| Mailing Address | 5033 Northwind Road |
| | |
| | Las Cruces NM 88007-5523 – 1 – 1 – 1 – 1 – 1 – 1 – 1 – 1 – 1 – |
| | CITY ▲ STATE ▲ ZIP CODE ▲ |
| Title or Position | 7 |
| Treasurer | Telephone number |

| FEC Form 1 (Revised 02 | 2/2 | 00 | 9) | | | | | | | | | | | | | | | | | | | | | | | | Pag | je 4 | 4 | |
|-------------------------------------|-----|----|----|--|---|--|----|----|----|--|---|---|---|------|-----|-----|-----|-----|-----|-----|--|--|---|-----|---|----|-----|------|---|--|
| Full Name of Designated Agent | | | | | 1 | | 1 | | [| | 1 | 1 | | | | | | 1 | | | | | | | | | | | | |
| Mailing Address | L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | L | | | | | | | | | | | | | | | | | | | | | | | | | | | · L | | |
| | | | | | | | CI | ΤY | ′▲ | | | | | | | | | | STA | λΤΕ | | | | | Z | P(| COI | DE | | |
| Title or Position ▼ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | ٦ | Tele | eph | one | e n | umł | ber | | | | - | - [| | | | | | |

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.

| Ĺ | Chain Bridge Bank | | |
|------------------|--------------------------|---------|-----------|
| Mailing Address | 1445-A Laughlin Ave | | |
| | | | |
| | McLean | VA 2 | 2101 |
| | CITY 🔺 | STATE A | ZIP CODE |
| Name of Bank, De | pository, etc. | | |
| L | Wells Fargo Bank, NA | | |
| Mailing Address | 7412 Jefferson Street NE | | |
| | | | |
| | Albuquerque | NM 8 | 7109-4336 |
| | CITY 🔺 | STATE A | ZIP CODE |

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

ZIP CODE

STATE 🔺

| | draising Participant: | | | |
|---|---|-----------------------|---------------------------------------|-----------------------------|
| 1. | | | FEC ID number | С |
| 2. | | | FEC ID number | С |
| 3. | | | FEC ID number | С |
| | | | FEC ID number | С |
| 4. | | | | 0 |
| Name of Any Con | needed Ormenization Affiliated | Committee laint Fur | ducicing Depresentation | re ex Leadership DAC Change |
| NRSC Targete | nected Organization, Affiliated | Committee, Joint Fur | ioraising Representativ | e, or Leadership PAC Spons |
| | | | | |
| | | | | |
| | PO Box 60148 | | | |
| Mailing Addre | SS | | | |
| | | | | |
| | Washington | | | 20039-0148 |
| Relationship: | | | STATE | |
| | | | | |
| | Identify by name, address (phor | ne number – optional) | | |
| Designated Agent: | Identify by name, address (phor | ne number – optional) | | |
| | | ne number – optional) | | |
| Full Name | | ne number – optional) | | |
| Full Name | | ne number – optional) | | |
| Full Name | | | | |
| Full Name | | ne number – optional) | | |
| Full Name | | | · · · · · · · · · · · · · · · · · · · | |
| Full Name | SITION ▼ | | | |
| Full Name Mailing Address TITLE OR POS | SITION V | | Telephone Number | |
| Full Name Mailing Address TITLE OR POS | SITION V | | Telephone Number | |
| Full Name Mailing Address TITLE OR POS | SITION V | | Telephone Number | |
| Full Name Mailing Address TITLE OR POS | SITION ▼ C C C C C C C C C C C C C | | Telephone Number | |
| Full Name Mailing Address TITLE OR POS | SITION ▼ C SITION ▼ C Positories: List all banks or oth s or maintains funds. C Vells Fargo Bank, NA | | Telephone Number | |
| Full Name Mailing Address TITLE OR POS Banks or Other De safety deposit boxes Name of Bank, Depository, etc | SITION ▼ C SITION ▼ C Positories: List all banks or oth s or maintains funds. C Vells Fargo Bank, NA | | Telephone Number | |
| Full Name Mailing Address TITLE OR POS Banks or Other De safety deposit boxes Name of Bank, Depository, etc | SITION ▼ C SITION ▼ C Positories: List all banks or oth s or maintains funds. C Vells Fargo Bank, NA | | Telephone Number | |

CITY

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

| 1. | | FEC ID number | С |
|--|---|---------------------------------------|--------------------------|
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | С |
| | | FEC ID number | С |
| 4. | | | • |
| Name of Any Connected | l Organization, Affiliated Committee, Joint Fund | raising Bonrosontativ | or Leadershin PAC Sponso |
| Protect The House 2 | | and the presentative | |
| | | | |
| | | | |
| Mailing Address | PO Box 30844 | | |
| Maning Address | | | |
| | | | |
| | Bethesda | | 20824-0844 |
| Relationship: | CITY 🔺 | STATE 🔺 | ZIP CODE |
| Connecte | ed Organization | t Fundraising Representa | ative |
| Designated Agent: Identi | fy by name, address (phone number - optional) | | |
| Designated 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 | | | |
| Full Name | | | |
| Full Name | | I I I I I I I I I I I I I I I I I I I | |
| Full Name | | | |
| Full Name Mailing Address TITLE OR POSITION | Image: International state Image: Internation state Image: International state | elephone Number | |
| Full Name Mailing Address TITLE OR POSITION | Image: International state Image: Internation state Image: International state | elephone Number | |
| Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or m Name of Bank, Chain | Image: International state Image: Internation state Image: International state | elephone Number | |
| Full Name | CITY ▲ CITY ▲ Tempries: List all banks or other depositories in which aintains funds. | elephone Number | |
| Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or m Name of Bank, Chain | CITY ▲ CITY ▲ CITY ▲ Te pries: List all banks or other depositories in which aintains funds. Bridge Bank NA | elephone Number | |
| Full Name | CITY ▲ CITY ▲ CITY ▲ Te pries: List all banks or other depositories in which aintains funds. Bridge Bank NA | elephone Number | |

STATE 🔺

ZIP CODE

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

ZIP CODE

STATE 🔺

| (h). Joint Fundraisi | ng Participant: | | | |
|--|--|--------------------|---------------|----------------------------|
| 1. | | FEC I | D number | С |
| 2. | | FEC I | D number | С |
| 3. | | FEC I | D number | С |
| | | | D number | С |
| 4. | | | | 0 |
| | Ownerstand Affiliated Oceanity of Lain | t Fundaciairen De | | a an Laadarahin DAO Oraan |
| 2024 RNC Victory | Organization, Affiliated Committee, Joir | It Fundraising Re | presentativ | e, or Leadership PAC Spons |
| | | | | |
| | | | | |
| Mailing Address | PO Box 15472 | | | |
| | | | | |
| | Washington | 1 | DC | 20003-0472 |
| Relationship: | | | L STATE ▲ | |
| | d Organization Affiliated Committee | X Joint Fundraisir | ng Represent | ative Leadership PAC Sp |
| Connecte Designated Agent: Identi | d Organization Affiliated Committee | | ng Represent | ative Leadership PAC Sp |
| Connecte | | | ng Represent | ative Leadership PAC Sp |
| Connecte Designated Agent: Identi | | | ng Represent: | ative Leadership PAC Sp |
| Connecte Designated Agent: Identif | | | ng Represent: | ative Leadership PAC Sp |
| Connecte Designated Agent: Identif | | | ng Represent: | ative Leadership PAC Sp |
| Connecter Designated Agent: Identif Full Name | y by name, address (phone number – opti | | | |
| Connecte Designated Agent: Identif | y by name, address (phone number – opti | ional) | | ative Leadership PAC Sp |
| Connecter Designated Agent: Identif Full Name | y by name, address (phone number – opti | | | |
| Connecter Designated Agent: Identif Full Name | y by name, address (phone number – opti | ional) | | |
| Connecter Designated Agent: Identif Full Name Mailing Address TITLE OR POSITION | y by name, address (phone number – opti | ional) | STATE | |
| Connecter Designated Agent: Identif Full Name Mailing Address TITLE OR POSITION | y by name, address (phone number – opti | ional) | STATE | |
| Connecter Designated Agent: Identif Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor Stafety deposit boxes or monopolic boxes | y by name, address (phone number – opti | ional) | STATE | |
| Connecter Designated Agent: Identif Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor Banks or Other Depositor Depository, etc | y by name, address (phone number – opti | ional) | STATE | |
| Connecter Designated Agent: Identif Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor Stafety deposit boxes or monopolic boxes | y by name, address (phone number – opti | ional) | STATE | |
| Connecter Designated Agent: Identif Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor Banks or Other Depositor Depository, etc | y by name, address (phone number – opti | ional) | STATE | |

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

| | | | | ID number | С | |
|----------------|-----------------|-------------------------|-------------------|---|---|--|
| | | | FEC | | | |
| | | | | ID number | С | |
| | | | FEC | ID number | С | |
| | | | | ID number | С | |
| | | | | ID Humber | U | |
| | | | | | | |
| | Organization, A | ffiliated Committee, Jo | ant Fundraising F | epresentativ | e, or Leadersh | IIP PAC Spons |
| | | | | | | |
| | | | | | | |
| | P.o. Box 9291 | 8 | | | | |
| laaress | | | | | | |
| | | | | | | |
| | Albuquerque | | | NM | 87199-29 | 18 |
| ship: | | CITY A | | STATE 🔺 | Z | IP CODE 🔺 |
| | | | _ | | | dership PAC Spo |
| jent: Identity | by name, addre | ss (prione number – o | ptional) | | | |
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| dress | | | | | | |
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| POSITION | <pre></pre> | | | | ZIP | · |
| | Connected | ddress | | ddress P.o. Box 92918 ddress P.o. Box 92918 Albuquerque Albuquerque bip: Connected Organization Affiliated Committee X Joint Fundrais | ddress P.o. Box 92918 ddress P.o. Box 92918 Albuquerque NM Albuquerque NM bip: CITY ▲ Connected Organization Affiliated Committee X Joint Fundraising Represent | ddress P.o. Box 92918 Albuquerque NM Barrisson Representative Connected Organization Affiliated Committee Albuquerque NM Albuquerque NM Barrisson Affiliated Committee Albuquerque NM Barrisson Affiliated Committee Albuquerque NM Barrisson Representative |

STATE 🔺

ZIP CODE

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

ZIP CODE

STATE 🔺

| 5(g) | or(h). Joint Fundraising | Participant: | | |
|------|---|--|------------------------|------------------------------|
| | 1. | | FEC ID number | С |
| | 2. | | FEC ID number | С |
| | 3. | | FEC ID number | C |
| | 4. | | FEC ID number | C |
| 6. | Name of Any Connected (| Drganization, Affiliated Committee, Joint Fundra | aising Representative | e, or Leadership PAC Sponsor |
| | NRSC Victory | | | |
| | | | | |
| | Mailing Address | 228 S Washington St | | |
| | | Ste 115 | | |
| | | Alexandria | | 22314-5404 |
| | Relationship: | | STATE A | ZIP CODE 🔺 |
| | Connected | Organization Affiliated Committee X Joint | Fundraising Representa | ative Leadership PAC Sponsor |
| | | | | |
| 8. | Designated Agent: Identify | by name, address (phone number - optional) | | |
| 8. | Designated Agent: Identify | by name, address (phone number – optional) | | |
| 8. | | by name, address (phone number - optional) | | |
| 8. | Full Name | by name, address (phone number - optional) | | |
| 8. | Full Name | by name, address (phone number - optional) | | |
| 8. | Full Name | | | <pre></pre> |
| 8. | Full Name | | Iephone Number | <pre></pre> |
| 8. | Full Name | | lephone Number | |
| | Full Name Mailing Address TITLE OR POSITION Banks or Other Depositori | CITY A CITY Te tes: List all banks or other depositories in which reactions funds. | lephone Number | |
| | Full Name Mailing Address TITLE OR POSITION Banks or Other Depositori safety deposit boxes or mai Name of Bank, Petty Ca | CITY A CITY Te tes: List all banks or other depositories in which reactions funds. | lephone Number | |

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

ZIP CODE

STATE **A**

| 1. | | FEC ID number | С |
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| 2. | | FEC ID number | С |
| 3. | | FEC ID number | С |
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| 4. | | | |
| Name of Any Connected | Organization, Affiliated Committee, Joint Fund | reising Depresentativ | or Loodorphin DAC Spon |
| Trump 47 Committee | - | | e, of Leadership FAC Spons |
| | | | |
| | | | |
| Mailing Address | P.o. Box 509 | | |
| 0 | | | |
| | | , , VA , | 22216-0509 |
| | | | |
| Relationship: | | STATE A | ZIP CODE 🔺 |
| Designated Agent: Identi | y by name, address (phone number - optional) | | |
| | fy by name, address (phone number - optional) | | |
| Full Name | fy by name, address (phone number – optional) | | |
| | fy by name, address (phone number – optional) | | |
| Full Name | fy by name, address (phone number - optional) | | |
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| Full Name | | | |
| Full Name Mailing Address TITLE OR POSITION | I I | elephone Number | |
| Full Name | I I | elephone Number | |
| Full Name Mailing Address TITLE OR POSITION | I I | elephone Number | |
| Full Name Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor Same of Bank, Depository, etc. | I I | elephone Number | |
| Full Name Mailing Address TITLE OR POSITION | CITY ▲ CITY ▲ Tr pries: List all banks or other depositories in which aintains funds. Bridge Bank | elephone Number | |
| Full Name Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor Same of Bank, Depository, etc. | CITY ▲ CITY ▲ Tr pries: List all banks or other depositories in which aintains funds. Bridge Bank | elephone Number | |

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

| g)or(h). Joint Fu | indraising Participant: | | | |
|-----------------------------------|--------------------------------------|-----------------------------|---------------------------|---------------------------------|
| 1. | | | FEC ID number | С |
| 2. | | | FEC ID number | C |
| 3. | | | FEC ID number | C |
| 4. | | | FEC ID number | С |
| Name of Any Co | nnected Organization, Affiliated (| Committee Joint Fundra | ising Benresentativ | e or Leadershin PAC Sponsor |
| Grow The Ma | | | iong noprocontant | |
| | | | | |
| | | | | |
| Mailing Add | ess | | | |
| | Ste 115 | | | |
| | Alexandria | | | 22314-5404 |
| Relationship | : | | STATE | |
| | Connected Organization | ed Committee 🛛 🗙 Joint I | - undraising Represent | ative Leadership PAC Sponso |
| Full Name | | | | |
| Mailing Addres | 3S | | | |
| | | | | |
| | | | | - |
| TITLE OR PO | | | STATE A | |
| | | Tel | ephone Number | |
| | | | | |
| | Depositories: List all banks or othe | er depositories in which th | ne committee deposi | ts funds, holds accounts, rents |
| safety deposit box | es or maintains funds. | | | |
| Name of Bank, Depository, etc. | Chain Bridge Bank | | | |
| Mailing Add | | | | |
| 0 | Iress | | | |
| | Iress | | | |
| | | <u> </u> | | <u> </u> |