STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Companeros of Merrie Lee 2128 Laredo Ave ADDRESS (number and street) (Check if address is changed) Las Cruces 88011 NM CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS maryann@soulesuscongress.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) soulesuscongress.com (Check if address is changed) DATE 2016 C00620880 FEC IDENTIFICATION NUMBER > 3. X 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. Mary Ann Hendrickson Type or Print Name of Treasurer Mary Ann Hendrickson [Electronically Filed] 06 2016 Signature of Treasurer Date 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 For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

ı	FEC Fo	orm 1 (Revised 02/2009)	Page 2
TYPE	E OF C	COMMITTEE	
Can	didate	e Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below	.)
(b)	X	This committee is an authorized committee, and is NOT a principal campaign committee. (Corinformation below.)	nplete the candidate
Name Cand	e of lidate	Merrie Lee nmn Soules	
	lidate	Office Sought: X House Senate President	State
Party	Affiliatio	on DEM Sought: X House Senate President	District 02
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Part	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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.)	
Join	t Func	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	

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Write or Type Committee Nam		i age 3
Companeros o		
•		
_	Organization, Affiliated Committee, Joint Fundraising Representative	s, or Leadership PAC Sponsor
SOULES FOR US CO	ONGRESS	
Mailing Address	6760 BRIGHT VIEW RD.	
	LAS CRUCES NM	88007
	LAS CRUCES NM	
	CITY STATE	ZIP CODE
	ed Organization X Affiliated Committee Joint Fundraising Represent	
 Custodian of Records: Ide books and records. 	entify by name, address (phone number optional) and position of the p	person in possession of committee
Laura Ga	arcia	
Full Name	₁ 5271 N Highway 28	
Mailing Address		
		20205
	Las Cruces NM	88005
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	575 - 405 - 2870
S. Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee assistant treasurer).	e; and the name and address of
Full Name Mary Ann	n Hendrickson	
of Treasurer		
Mailing Address	2128 Laredo Ave	
	Las Cruces NM	88011
Tidle on Desition	CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number	575 312 9971

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
safety deposit boxes of Name of Bank, Depos		iius accounts, rents
safety deposit boxes of Name of Bank, Depos	or maintains funds. pository, etc. /ells Fargo _425 S Telshor Blvd	
safety deposit boxes of Name of Bank, Depos	or maintains funds. pository, etc. /ells Fargo	
safety deposit boxes of Name of Bank, Depos	or maintains funds. pository, etc. /ells Fargo _425 S Telshor Blvd	
safety deposit boxes of Name of Bank, Deposition Mailing Address	or maintains funds. pository, etc. /ells Fargo	
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