

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1247 / 2845
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
BILL RICHARDSON FOR PRESIDENT EXPLORATORY COMMITTEE INC

Full Name (Last, First, Middle Initial) A. GEORGE L. MACKAY		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 7
Mailing Address 501 PAWNEE TRAIL		Amount of Each Receipt this Period 100.00
City MAITLAND	State FL	
Zip Code 32751		Transaction ID: 17a-000039614
FEC ID number of contributing federal political committee.		
Name of Employer SELF-EMPLOYED	Occupation ENGINEER	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. MARLIN MACKAY		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address 5 CALLE JACINTA		Amount of Each Receipt this Period 500.00
City SANTA FE	State NM	
Zip Code 87508		Transaction ID: 17a-000055251
FEC ID number of contributing federal political committee.		
Name of Employer STATE OF NEW MEXICO	Occupation DEPUTY SECRETARY/CIO	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. THOMAS A. MACLEAN		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7
Mailing Address 1709 QUAIL RUN COURT, NE		Amount of Each Receipt this Period 500.00
City ALBUQUERQUE	State NM	
Zip Code 87122		Transaction ID: 17a-000029264
FEC ID number of contributing federal political committee.		
Name of Employer BLUE CROSS BLUE SHIELD	Occupation HEALTH INSURANCE	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1100.00
TOTAL This Period (last page this line number only) ▶	_____