

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)USE FEC MAILING LABEL
OR TYPE OR PRINT ▼Example: If typing, type
over the lines

People for Ben

ADDRESS (number and street)
▼

PO Box 31129

☐Check if different
than previously
reported. (ACC)

Sante Fe

NM

87594

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00443689

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

NM

03

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☒

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

05

15

2008

through

06

30

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Carmen Lujan

Signature of Treasurer

Electronically Filed by Carmen Lujan

Date

07

15

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

People for Ben

Report Covering the Period:

From:

M M
0 5D D
1 5Y Y Y Y
2 0 0 8

To:

M M
0 6D D
3 0Y Y Y Y
2 0 0 8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	180482.50	737736.41
(b) Total Contribution Refunds (from Line 20(d)).....	1160.00	19010.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	179322.50	718726.41
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	354512.87	776395.97
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	354512.87	776395.97
8. Cash on Hand at Close of Reporting Period (from Line 27).....	92445.82	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	150006.94	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name
People for Ben

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	1	5	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	8

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees	94286.00	557557.41
(i) Itemized (use Schedule A).....	15096.50	42719.00
(ii) Unitemized.....	109382.50	600276.41
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	71100.00	137460.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	180482.50	737736.41
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))		
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	150000.00	200000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	150000.00	200000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	33.21	33.21
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	330515.71	937769.62

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	354512.87	776395.97
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	49993.06	49993.06
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	49993.06	49993.06
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	1160.00	19010.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1160.00	19010.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	405665.93	845399.03

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	167596.04
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	330515.71
25. SUBTOTAL (add Line 23 and Line 24).....	498111.75
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	405665.93
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	92445.82

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

Catherine A. Allen

Mailing Address 5 San Sebastian Rd

City

Santa Fe

State

NM

Zip Code

87505-1417

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Santa Fe Group

Occupation
CEO

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: C1798665

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Charmay B Allred

Mailing Address 1428 Canada Del Sur

City

Santa Fe

State

NM

Zip Code

87501-8720

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: C1798058

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Mari Anixter

Mailing Address 1508 Plaza Encantada NW

City

Albuquerque

State

NM

Zip Code

87107-3255

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Government & Public Relations

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 0 / 2 0 0 8

Transaction ID: C4176197

Amount of Each Receipt this Period

350.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

Ernesto B. Baca

Mailing Address PO Box 2712

City

Santa Fe

State

NM

Zip Code

87504-2712

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nm Public Regulation Comm-
ission

Occupation

Actuarial Assistant

Receipt For: 2008

Election Cycle-to-Date ▼

☒ Primary ☐ General
☐ Other (specify) ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 8

Transaction ID: C4173854

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Ernesto B. Baca

Mailing Address PO Box 2712

City

Santa Fe

State

NM

Zip Code

87504-2712

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nm Public Regulation Comm-
ission

Occupation

Actuarial Assistant

Receipt For: 2008

Election Cycle-to-Date ▼

☒ Primary ☐ General
☐ Other (specify) ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 1 / 2 0 0 8

Transaction ID: C4181216

Amount of Each Receipt this Period

350.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Herman D Baca

Mailing Address 610 Gold Ave SW
Ste 224

City

Albuquerque

State

NM

Zip Code

87102-3188

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crestino, LLC

Occupation

Engineer

Receipt For: 2008

Election Cycle-to-Date ▼

☒ Primary ☐ General
☐ Other (specify) ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 8

Transaction ID: C4178079

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

Judy E Basham

Mailing Address 1112 N. Plata Cr.

City

Santa Fe

State

NM

Zip Code

87501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired/State of New Mexi-
co

Occupation
retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2551.71

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 8

Transaction ID: C4173829

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Virgil Beagles

Mailing Address PO Box 2167

City

Roswell

State

NM

Zip Code

88202-2167

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Construction

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Transaction ID: C4175564

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

John F. Black

Mailing Address 10416 Morning Star Dr NE

City

Albuquerque

State

NM

Zip Code

87111-7539

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Wood Realty

Occupation
real estate

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 8

Transaction ID: C4173695

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

2100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

Richard Bloch

Mailing Address PO Box 2569

City

Rancho Santa Fe

State

CA

Zip Code

92067-2569

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Real Estate

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: C1807186

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Maida P. Branch

Mailing Address 228 St. Francis Dr.

City

Santa Fe

State

NM

Zip Code

87501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Real Estate

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Transaction ID: C4175596

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Sam Bregman, Ave

Mailing Address 9600 Eagle Rock Ave NE

City

Albuquerque

State

NM

Zip Code

87122-3956

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 3 / 2 0 0 8

Transaction ID: C4177289

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

3300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

Dennise P. Bridgers, Rd

Mailing Address 2264 Monterrey Rd NE

City

Rio Rancho

State

NM

Zip Code

87144-5584

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of NM

Occupation

HR Administrator

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 1 / 2 0 0 8

Transaction ID: C4181214

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Dennise P. Bridgers, Rd

Mailing Address 2264 Monterrey Rd NE

City

Rio Rancho

State

NM

Zip Code

87144-5584

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of NM

Occupation

HR Administrator

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 0 8

Transaction ID: C4187393

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Kathleen Chaves

Mailing Address 1501 Aircraft Ave SE

City

Albuquerque

State

NM

Zip Code

87106-4289

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Businesswoman

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 0 / 2 0 0 8

Transaction ID: C4176530

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

David P. Contarino

Mailing Address 7 Arroyo Hondo Trl

City

Santa Fe

State

NM

Zip Code

87508-9492

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Businessman

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 8

Transaction ID: C4174808

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

John Cousins

Mailing Address 9180 Coors Blvd NW
NO. 1609

City

Albuquerque

State

NM

Zip Code

87120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Biomedica, Inc.

Occupation

CEO

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 1 / 2 0 0 8

Transaction ID: C4181218

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

John Daniel

Mailing Address PO Box 4701

City

Albuquerque

State

NM

Zip Code

87196-4701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Center for Civic Policy

Occupation

Researcher

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 3 / 2 0 0 8

Transaction ID: C4177298

Amount of Each Receipt this Period

450.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

3750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

Geraldine Dirks

Mailing Address 1922 Cascade Ct

City

Sugar Land

State

TX

Zip Code

77479-6375

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 3 / 2 0 0 8

Transaction ID: C4177280

Amount of Each Receipt this Period

300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Yvette Dobbie

Mailing Address 436 Locust St

City

Laguna Beach

State

CA

Zip Code

92651-1606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Businesswoman

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 9 / 2 0 0 8

Transaction ID: C4172889

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Daniel Donoghue

Mailing Address 1896 Lorca Dr
Apt 49

City

Santa Fe

State

NM

Zip Code

87505-6007

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of New Mexico

Occupation

Protect Manager

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Transaction ID: C4175594

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

Kareem Edwards

Mailing Address PO Box 3811

City

Pojoaque

State

NM

Zip Code

87501-0811

FEC ID number of contributing
federal political committee.

C

Name of Employer
PureColor, LLC

Occupation
President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 8

Transaction ID: C4176743

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Nancy Edwards

Mailing Address 1215 Gold Ave SW

City

Albuquerque

State

NM

Zip Code

87102-2831

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of New Mexico

Occupation
Administrator

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 8

Transaction ID: C4173969

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Blair Efron

Mailing Address 640 5th Ave
FI 19

City

New York

State

NY

Zip Code

10019-6102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Centerview Partners

Occupation
Managing Partner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: C1807196

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

Brian S. Egolf, Jr.

Mailing Address 165 Brownell Howland Rd

City

Santa Fe

State

NM

Zip Code

87501-8805

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Lawyer

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: C4174166

Amount of Each Receipt this Period

1500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Sandra Ely

Mailing Address PO Box 6208

City

Santa Fe

State

NM

Zip Code

87502-6208

FEC ID number of contributing
federal political committee.

C

Name of Employer
NM Environment Department

Occupation

Regulator

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 0 8

Transaction ID: C4174733

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Jim Fambro

Mailing Address 4589 Ndcbru

City

Taos

State

NM

Zip Code

87571-6024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Taos County

Occupation

Fire Chief

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

286.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 0 8

Transaction ID: C4187399

Amount of Each Receipt this Period

36.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

2036.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

Judy Fazio

Mailing Address 1333 New Hampshire Ave NW

City

Washington

State

DC

Zip Code

20036-1500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 0 8

Transaction ID: C4174987

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Troy Fernandez

Mailing Address 1420 Galisteo St

City

Santa Fe

State

NM

Zip Code

87505-4632

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of New Mexico

Occupation
Deputy Secretary for Policy & Personnel

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 2 / 2 0 0 8

Transaction ID: C4182477

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Stephen R. Flance

Mailing Address 2228 Wilderness Vw

City

Santa Fe

State

NM

Zip Code

87505-5932

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Flance Company

Occupation
Real Estate

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 0 8

Transaction ID: C4175010

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

James Foster

Mailing Address 17 Hollins Dr

City

Santa Cruz

State

CA

Zip Code

95060-1804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal InvestmentsOccupation
Developer

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	8

Transaction ID: C1797930

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
B.

Full Name (Last, First, Middle Initial)

James Foster

Mailing Address 17 Hollins Dr

City

Santa Cruz

State

CA

Zip Code

95060-1804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal InvestmentsOccupation
Developer

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	8

Transaction ID: C1797931

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
C.

Full Name (Last, First, Middle Initial)

Doyle Frasier

Mailing Address 4241 Quay Road 65

City

Tucumcari

State

NM

Zip Code

88401-9520

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	3	/	2	0	0	8

Transaction ID: C4177282

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

5100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

J.E. Max Gallegos

Mailing Address 460 Saint Michaels Dr
Ste 300

City State Zip Code
Santa Fe NM 87505-7687

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
attorney

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
3550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: C4174012

Amount of Each Receipt this Period

1250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Maryann Garcia

Mailing Address 14 Lugar De Pacifica

City State Zip Code
Santa Fe NM 87506-0970

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 8

Transaction ID: C4175193

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Maryann Garcia

Mailing Address 14 Lugar De Pacifica

City State Zip Code
Santa Fe NM 87506-0970

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 8

Transaction ID: C4175220

Amount of Each Receipt this Period

150.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

Eddie M. Gilbert

Mailing Address 503 Camino Del Monte Sol

City

Santa Fe

State

NM

Zip Code

87505-2827

FEC ID number of contributing
federal political committee.

C

Name of Employer
BGK Properties

Occupation

President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 8

Transaction ID: C4173418

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Saby Gurule

Mailing Address PO Box 1046

City

Espanola

State

NM

Zip Code

87532-1046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saby Janitorial

Occupation

Owner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 8

Transaction ID: C4175201

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

W Gordon Harris

Mailing Address 551 W Cordova Rd
161

City

Santa Fe

State

NM

Zip Code

87505

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 0 8

Transaction ID: C4187421

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

3400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

Dennis Heflick

Mailing Address 7500 Morrow Ave NE

City

Albuquerque

State

NM

Zip Code

87110-4529

FEC ID number of contributing
federal political committee.

C

Name of Employer
Construction

Occupation
Flintoco

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 0 / 2 0 0 8

Transaction ID: C4173068

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Mary Edna Herrera

Mailing Address 1310 La Mora Ln SW

City

Albuquerque

State

NM

Zip Code

87105-5937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Presbyterian

Occupation
Medical Assistant

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: C1801318

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Nathan Herrera

Mailing Address 1310 La Mora Ln SW

City

Albuquerque

State

NM

Zip Code

87105-5937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Working America

Occupation
Field/ Sales

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 3 / 2 0 0 8

Transaction ID: C4177292

Amount of Each Receipt this Period

300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

Joan Dale Hubbard

Mailing Address 302 LI Davis Dr

City

Ruidoso

State

NM

Zip Code

88345-7700

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Homemaker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 8

Transaction ID: C4173697

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

RD D. Hubbard

Mailing Address PO Box 2295

City

Ruidoso

State

NM

Zip Code

88355-2295

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

golf course

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 8

Transaction ID: C4173696

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Mickey Ibarra

Mailing Address 1140 Connecticut Ave NW
Ste 1100

City

Washington

State

DC

Zip Code

20036-4007

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation

Government Affairs

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: C1801398

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

5600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

Yolanda Jaramillo

Mailing Address PO Box 1461

City

Las Vegas

State

NM

Zip Code

87701-1461

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Transaction ID: C4175588

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Judy Johnson

Mailing Address 27 Country Road 117 North

City

Santa Fe

State

NM

Zip Code

87506

FEC ID number of contributing
federal political committee.

C

Name of Employer
City of Houston

Occupation

Consultant

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: C1798661

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Michael Johnson

Mailing Address 27 Country Road 117 North

City

Santa Fe

State

NM

Zip Code

87506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

9200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: C1798607

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

5100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

Inderjit Kaur

Mailing Address 407 Hermosa Dr SE

City

Albuquerque

State

NM

Zip Code

87108-2615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: C4174004

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Ruth L. Kovnat

Mailing Address 407 Camino Del Monte Sol

City

Santa Fe

State

NM

Zip Code

87505-2805

FEC ID number of contributing
federal political committee.

C

Name of Employer
Unm School Of Law

Occupation

Law Professor

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 0 / 2 0 0 8

Transaction ID: C4176199

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Don E Leonard

Mailing Address PO Box 826

City

Corrales

State

NM

Zip Code

87048-0826

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leonard Tire

Occupation

President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 3 / 2 0 0 8

Transaction ID: C4177275

Amount of Each Receipt this Period

150.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

2950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

Raymond Lobato

Mailing Address 1020 Don Diego Ave

City

Santa Fe

State

NM

Zip Code

87505-1627

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Accountant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 8

Transaction ID: C4173576

Amount of Each Receipt this Period

400.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Al Lucero

Mailing Address 841 Camino Del Este

City

Santa Fe

State

NM

Zip Code

87501-8757

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Maria's

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 0 8

Transaction ID: C4174984

Amount of Each Receipt this Period

300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Carmen Lujan

Mailing Address 05 Entrada Celedon Y Nestora

City

Santa Fe

State

NM

Zip Code

87506-9740

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Transaction ID: C4175578

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

Diana T. Macarthur

Mailing Address 90 Tesuque Rdg

City

Santa Fe

State

NM

Zip Code

87501-7008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dynamac Corp

Occupation
CEO

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: C1798637

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Dolores Maes

Mailing Address 938 Old Taos Hwy

City

Santa Fe

State

NM

Zip Code

87501-1210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Four Star Rental

Occupation
Broker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 8

Transaction ID: C4173962

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Conny R Maki

Mailing Address 2794 Via Caballero Del Sur

City

Santa Fe

State

NM

Zip Code

87505-5359

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of NM

Occupation
State of NM

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 8

Transaction ID: C4173830

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

2600.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 112

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

Paul David Mannick

Mailing Address 645 Don Gaspar Ave

City

Santa Fe

State

NM

Zip Code

87505-2696

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Self Employed

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	0	8

Transaction ID: C4175562

Amount of Each Receipt this Period

1400.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
B.

Full Name (Last, First, Middle Initial)

Andrew Marks

Mailing Address 161 N Clark St
Ste 3040

City

Chicago

State

IL

Zip Code

60601-3335

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Attorney

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	8

Transaction ID: C1807182

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
C.

Full Name (Last, First, Middle Initial)

W. Ken Martinez

Mailing Address PO Box 730

City

Grants

State

NM

Zip Code

87020-0730

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	0	8

Transaction ID: C4175613

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

3950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

Gray McBride

Mailing Address PO Box 22010

City

Santa Fe

State

NM

Zip Code

87502-2010

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Consultant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 8

Transaction ID: C4178075

Amount of Each Receipt this Period

275.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Gray McBride

Mailing Address PO Box 22010

City

Santa Fe

State

NM

Zip Code

87502-2010

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Consultant

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: C1801568

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Joel McHorse

Mailing Address PO Box 8638

City

Santa Fe

State

NM

Zip Code

87504-8638

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Contractor

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 8

Transaction ID: C4176744

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

Michael Melody

Mailing Address 619 Camino Rancheros

City

Santa Fe

State

NM

Zip Code

87505-2837

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation
none

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 3 / 2 0 0 8

Transaction ID: C4177296

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Christopher Miera

Mailing Address 11209 Anaheim Ave NE

City

Albuquerque

State

NM

Zip Code

87122-1550

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Healthcare

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 3 / 2 0 0 8

Transaction ID: C4177288

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Fred E. Mondragon

Mailing Address 4424 Glenwood Hills Dr NE

City

Albuquerque

State

NM

Zip Code

87111-4261

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of New Mexico

Occupation
Cabinet Secretary

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 8

Transaction ID: C4173778

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

David Montoya, Rd

Mailing Address 7 Manzano Rd

City

Corrales

State

NM

Zip Code

87048-8325

FEC ID number of contributing
federal political committee.

C

Name of Employer
Manzano Strategies

Occupation
CEO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 8

Transaction ID: C4173781

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

David Montoya, Rd

Mailing Address 7 Manzano Rd

City

Corrales

State

NM

Zip Code

87048-8325

FEC ID number of contributing
federal political committee.

C

Name of Employer
Manzano Strategies

Occupation
CEO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 8

Transaction ID: C4173964

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

David Montoya, Rd

Mailing Address 7 Manzano Rd

City

Corrales

State

NM

Zip Code

87048-8325

FEC ID number of contributing
federal political committee.

C

Name of Employer
Manzano Strategies

Occupation
CEO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Transaction ID: C4175621

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

Horace Montoya

Mailing Address PO Box 926

City

Espanola

State

NM

Zip Code

87532-0926

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 0 8

Transaction ID: C4175019

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Horace Montoya

Mailing Address PO Box 926

City

Espanola

State

NM

Zip Code

87532-0926

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Transaction ID: C4175574

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

James L. Moran, Rd

Mailing Address 872 Campfire Rd SE

City

Rio Rancho

State

NM

Zip Code

87124-6107

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of New Mexico

Occupation

Director

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 0 8

Transaction ID: C4174986

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 112

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

Jose A. Morfin, Vis

Mailing Address 1092 Calle Nueva Vis

City

Santa Fe

State

NM

Zip Code

87507-7707

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Mexico Department of
Transportation

Occupation

Ombudsman

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	0	8

Transaction ID: C4173856

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
B.

Full Name (Last, First, Middle Initial)

Margaret L. Munoz

Mailing Address PO Box 850

City

Gallup

State

NM

Zip Code

87305-0850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	0	8

Transaction ID: C4173116

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
C.

Full Name (Last, First, Middle Initial)

David L. Norvell

Mailing Address 1206 Las Lomas Rd NE

City

Albuquerque

State

NM

Zip Code

87106-4526

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norvell Law Firm

Occupation

attorney

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	0	8

Transaction ID: C4175060

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

2650.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

Ohkay Owineh

Mailing Address PO Box 1099

City

San Juan Pueblo

State

NM

Zip Code

87566-1099

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 0 / 2 0 0 8

Transaction ID: C4173045

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
B.

Full Name (Last, First, Middle Initial)

Ken Ortiz

Mailing Address 5317 Alberta Ave NE

City

Rio Rancho

State

NM

Zip Code

87144-7766

FEC ID number of contributing
federal political committee.

C

Name of Employer
NM Tax and Revenue Dept.Occupation
State Government

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 8

Transaction ID: C4173821

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
C.

Full Name (Last, First, Middle Initial)

Raymond Z. Ortiz

Mailing Address PO Box 2900

City

Santa Fe

State

NM

Zip Code

87504-2900

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of New MexicoOccupation
Legal

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 0 / 2 0 0 8

Transaction ID: C4176202

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

2900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

Sonny P. Otero

Mailing Address PO Box 524

City

Santa Fe

State

NM

Zip Code

87504-0524

FEC ID number of contributing
federal political committee.

C

Name of Employer
La Compania Management

Occupation
President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: C4174013

Amount of Each Receipt this Period

1250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Bryon J. Paez

Mailing Address 8900 Ortega Ct NW

City

Albuquerque

State

NM

Zip Code

87114-1747

FEC ID number of contributing
federal political committee.

C

Name of Employer
Butch Maki & Associates

Occupation
Consultant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 8

Transaction ID: C4173954

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Andrew J. Perkins

Mailing Address 1002 Don Cubero Ave

City

Santa Fe

State

NM

Zip Code

87505-1619

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of New Mexico

Occupation
Homeland Security

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 8

Transaction ID: C4173967

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 112

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

Gerald P. Peters, III

Mailing Address PO Box 908

City

Santa Fe

State

NM

Zip Code

87504-0908

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
art dealer

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	2	/	2	0	0	8

Transaction ID: C4182442

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
B.

Full Name (Last, First, Middle Initial)

Earl W. Potter

Mailing Address 325 Paseo De Peralta

City

Santa Fe

State

NM

Zip Code

87501-1860

FEC ID number of contributing
federal political committee.

C

Name of Employer
BusinessmanOccupation
Five and Dime General Store

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	1	/	2	0	0	8

Transaction ID: C4173419

Amount of Each Receipt this Period

1300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
C.

Full Name (Last, First, Middle Initial)

Pueblo of Pojoaque

Mailing Address 78 Cities Of Gold Rd

City

Santa Fe

State

NM

Zip Code

87506-0918

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	1	/	2	0	0	8

Transaction ID: C4181217

Amount of Each Receipt this Period

4000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page (optional)

7600.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 112

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

Fernando Quintana

Mailing Address 8 Arroyo San Antonio

City

Santa Fe

State

NM

Zip Code

87506-9302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Businessowner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	0	8

Transaction ID: C4176198

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
B.

Full Name (Last, First, Middle Initial)

Sam D. Ray, Sr.

Mailing Address 187 NW Frontage Road Box 16A

City

San Acacia

State

NM

Zip Code

87831

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Mexico Exchange Carrer
Group

Occupation

Lobbyist

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	0	8

Transaction ID: C4173064

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
C.

Full Name (Last, First, Middle Initial)

Sharon Richards

Mailing Address 305 McKee Dr

City

Gallup

State

NM

Zip Code

87301-4823

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Restaurant Owner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	0	8

Transaction ID: C4173063

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

Beatriz Rivera

Mailing Address 1643 Tierra Del Rio NW

City

Albuquerque

State

NM

Zip Code

87107-3244

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	9	/	2	0	0	8

Transaction ID: C4175557

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
B.

Full Name (Last, First, Middle Initial)

Robert L. Rivera

Mailing Address 9180 Coors Blvd NW
Apt 1409

City

Albuquerque

State

NM

Zip Code

87120-3164

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regulatory & Legislative
RemediesOccupation
Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	9	/	2	0	0	8

Transaction ID: C4175558

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
C.

Full Name (Last, First, Middle Initial)

Billy Rivers

Mailing Address 516 3rd Street

City

Santa Fe

State

NM

Zip Code

87501

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Self

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	0	/	2	0	0	8

Transaction ID: C4173036

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

3550.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 112

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

Billy Rivers

Mailing Address 516 3rd Street

City

Santa Fe

State

NM

Zip Code

87501

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Self

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	0	8

Transaction ID: C4175604

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
B.

Full Name (Last, First, Middle Initial)

Debbie Rodella

Mailing Address 16 Private Drive 1156

City

Espanola

State

NM

Zip Code

87532

FEC ID number of contributing
federal political committee.

C

Name of Employer
LanlOccupation
Materials Science Tech

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	0	8

Transaction ID: C4175058

Amount of Each Receipt this Period

300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
C.

Full Name (Last, First, Middle Initial)

Patricia G. Rogers

Mailing Address 10044 Wellington NE

City

Albuquerque

State

NM

Zip Code

87111-7401

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Realtor

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	0	8

Transaction ID: C4187410

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

Ane Romero

Mailing Address 125 W Palmer Ave
Apt 12

City State Zip Code
Glendale CA 91204-2320

FEC ID number of contributing
federal political committee.

C

Name of Employer
House of Representatives

Occupation
Field Staff

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Transaction ID: C4175607

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Nick L. Salazar

Mailing Address PO Box 1076

City State Zip Code
San Juan Pueblo NM 87566-1076

FEC ID number of contributing
federal political committee.

C

Name of Employer
U Of C Lans

Occupation
Gov. Relations

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 8

Transaction ID: C4175059

Amount of Each Receipt this Period

400.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

David Milton Salman

Mailing Address 30 Old Pecos Ln

City State Zip Code
Santa Fe NM 87508-5922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Salman Enterprises

Occupation
Partner

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 0 8

Transaction ID: C4177283

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

Joe Sanchez

Mailing Address 115 Jimenez St

City

Santa Fe

State

NM

Zip Code

87501-1446

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 9 / 2 0 0 8

Transaction ID: C4172890

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Vince Saunders

Mailing Address 51 Craig Ave

City

Piedmont

State

CA

Zip Code

94611-3701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Investments

Occupation

Developer

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: C1797937

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Vince Saunders

Mailing Address 51 Craig Ave

City

Piedmont

State

CA

Zip Code

94611-3701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Investments

Occupation

Developer

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: C1797939

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

4800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

Andrew B. Setter

Mailing Address 9615 Noche Vista Dr NW

City State Zip Code
 Albuquerque NM 87114-4372

FEC ID number of contributing
federal political committee.

C

Name of Employer
Drew Setter & Associates

Occupation
Consultant

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1125.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 8

Transaction ID: C1801555

Amount of Each Receipt this Period

125.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Greg owen Shade

Mailing Address PO Box 986

City State Zip Code
 Corrales NM 87048-0986

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
Builder

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 9 / 2 0 0 8

Transaction ID: C4175585

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Marla Shoats

Mailing Address 9631 4th St NW

City State Zip Code
 Albuquerque NM 87114-2128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shoats & Weak, Inc.

Occupation
public relations firm

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 0 3 / 2 0 0 8

Transaction ID: C4177284

Amount of Each Receipt this Period

1250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

2375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

Gene Sisneros

Mailing Address 126 Highway 72

City

Raton

State

NM

Zip Code

87740-2835

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 0 8

Transaction ID: C4187313

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Philip M. Smith

Mailing Address 767 Acequia Madre
Apt 2

City

Santa Fe

State

NM

Zip Code

87505-2868

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Science Policy Consultant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 0 / 2 0 0 8

Transaction ID: C4173029

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Eddie Sosaya

Mailing Address 1309 4th St SW
Suite C

City

Albuquerque

State

NM

Zip Code

87102

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation

business consultant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 3 / 2 0 0 8

Transaction ID: C4177290

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 112

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

John Strong

Mailing Address 503 Canyon Rd

City

Santa Fe

State

NM

Zip Code

87501-2719

FEC ID number of contributing
federal political committee.

C

Name of Employer
John Strong Fine Art

Occupation

Owner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	0	8

Transaction ID: C4175538

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
B.

Full Name (Last, First, Middle Initial)

Lance Tade

Mailing Address 41 Mission Cir

City

Alamogordo

State

NM

Zip Code

88310-8716

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tularosa Basin Tel Co.

Occupation

Executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	0	8

Transaction ID: C4173065

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
C.

Full Name (Last, First, Middle Initial)

Ray Tafoya

Mailing Address PO Box 368

City

Truchas

State

NM

Zip Code

87578-0368

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Businessowner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	0	8

Transaction ID: C4176201

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

Lynda Taylor, Dr

Mailing Address 1071 Governor Dempsey Dr

City

Santa Fe

State

NM

Zip Code

87501-1045

FEC ID number of contributing
federal political committee.

C

Name of Employer
community activist/Cons-
ultant

Occupation

environmentalist

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1305.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Transaction ID: C4175614

Amount of Each Receipt this Period

750.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Adan Trujillo

Mailing Address PO Box 2185

City

Espanola

State

NM

Zip Code

87532-2185

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 8

Transaction ID: C4173779

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Arthur E. Trujillo

Mailing Address 8322 Camino Paisano NW

City

Albuquerque

State

NM

Zip Code

87120-5915

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Consultant

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 0 8

Transaction ID: C4187307

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

Carlos Trujillo

Mailing Address 309 Rio Grande #4

City

Albuquerque

State

NM

Zip Code

87104

FEC ID number of contributing
federal political committee.

C

Name of Employer
People for Ben

Occupation

Campaign Manager

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: C1801310

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Ted Trujillo

Mailing Address 622 N Paseo De Onate
Ste C

City

Espanola

State

NM

Zip Code

87532-2665

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 8

Transaction ID: C4173780

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Claire U. Weiner

Mailing Address 1415 Madrid Pl

City

Santa Fe

State

NM

Zip Code

87505-4641

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 0 8

Transaction ID: C4174735

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

William C Windham

Mailing Address PO Box 5037

City

Bossier City

State

LA

Zip Code

71171-5037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Turner & Windham

Occupation

Director

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Transaction ID: C4175582

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Nancy M Wirth

Mailing Address PO Box 1924

City

Santa Fe

State

NM

Zip Code

87504-1924

FEC ID number of contributing
federal political committee.

C

Name of Employer
John Gaw Meem Designs

Occupation

Artist

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: C1798654

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

James A. Wood

Mailing Address PO Box 1829

City

Sandia Park

State

NM

Zip Code

87047-1829

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coast Range Investments

Occupation

Vice President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: C1797944

Amount of Each Receipt this Period

800.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

4100.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 112

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

Paul Wood

Mailing Address 2416 Rozinante Dr NW

City

Albuquerque

State

NM

Zip Code

87104-3081

FEC ID number of contributing
federal political committee.

C

Name of Employer
WW Construction IncOccupation
Contractor

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	0	8

Transaction ID: C4176205

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

94286.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 112

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

21 Century Democrats

Mailing Address 1731 Connecticut Ave NW

City

Washington

State

DC

Zip Code

20009-1108

FEC ID number of contributing
federal political committee.

C C00230342

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 8

Transaction ID: C4173322

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

AAJ PAC

Mailing Address 1050 31st St NW

City

Washington

State

DC

Zip Code

20007-4405

FEC ID number of contributing
federal political committee.

C C00024521

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 0 8

Transaction ID: C4187316

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

AFL-CIO Committee on Political Education

Mailing Address 555 New Jersey Avenue NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C C00028860

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 1 / 2 0 0 8

Transaction ID: C4181209

Amount of Each Receipt this Period

2500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

9500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 112

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

AFL-CIO Committee on Political Education

Mailing Address 555 New Jersey Avenue NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.**C** C00028860

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	8

Transaction ID: C1798585

Amount of Each Receipt this Period

2500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
B.

Full Name (Last, First, Middle Initial)

American Federation of State, County and Mun PAC

Mailing Address 1625 L St NW

City

Washington

State

DC

Zip Code

20036-5665

FEC ID number of contributing
federal political committee.**C** C00011114

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	8

Transaction ID: C1807168

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
C.

Full Name (Last, First, Middle Initial)

AMERICAN FEDERATION OF TEACHERS AFL-CIO

Mailing Address 555 New Jersey Avenue NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.**C** C00028860

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	1	/	2	0	0	8

Transaction ID: C4173323

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 112

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

AMERICAN FEDERATION OF TEACHERS AFL-CIO

Mailing Address 555 New Jersey Avenue NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C C00028860

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: C1811716

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Becerra for Congress

Mailing Address P.O. Box 261060

City

Los Angeles

State

CA

Zip Code

90026

FEC ID number of contributing
federal political committee.

C C00264101

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: C1811748

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Bingaman Re Election Account

Mailing Address PO Box 16210

City

Albuquerque

State

NM

Zip Code

87191-6210

FEC ID number of contributing
federal political committee.

C C00305110

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: C1798728

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 112

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)
Bridge PAC

Mailing Address 499 SOUTH CAPITOL ST SW SUITE 412

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing
federal political committee.

C C00399196

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: C1801385

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Build PAC

Mailing Address 1201 15th St NW

City State Zip Code
Washington DC 20005-2842

FEC ID number of contributing
federal political committee.

C C00000901

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 3 / 2 0 0 8

Transaction ID: C4177285

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Carpenters Legislative Improvement Committee

Mailing Address 101 Constitution Ave NW
FI 10

City State Zip Code
Washington DC 20001-2153

FEC ID number of contributing
federal political committee.

C C00001016

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 8

Transaction ID: C4178086

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 112

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

Committee to Elect Lou Baker

Mailing Address PO Box 4545

City

Espanola

State

NM

Zip Code

87533-4545

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 5		2 9		2 0 0 8

Transaction ID: C4175573

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
B.

Full Name (Last, First, Middle Initial)

Committee to Elect Luciano Varela

Mailing Address 1023 W Houghton St

City

Santa Fe

State

NM

Zip Code

87505-8850

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 6		0 3		2 0 0 8

Transaction ID: C4177279

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
C.

Full Name (Last, First, Middle Initial)

Committee to Elect Richard Martinez

Mailing Address PO Box 934

City

Espanola

State

NM

Zip Code

87532-0934

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 5		2 9		2 0 0 8

Transaction ID: C4175581

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 112

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)
Committee to Re-Elect Ben Lujan

Mailing Address 05 Entrada Celedon Y Nestora

City State Zip Code
Santa Fe NM 87506-9740

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Transaction ID: C4175591

Amount of Each Receipt this Period

950.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
CWA - COPE PCC

Mailing Address 501 3rd St NW

City State Zip Code
Washington DC 20001

FEC ID number of contributing
federal political committee.

C C00002089

Name of Employer

Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 8

Transaction ID: C4178087

Amount of Each Receipt this Period

2500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Friends of Jim Clyburn

Mailing Address PO Box 12567

City State Zip Code
Columbia SC 29211

FEC ID number of contributing
federal political committee.

C C00255562

Name of Employer

Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: C1801358

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

5450.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 112

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

Friends of Joe Baca

Mailing Address 555 Capitol Mall Suite 1425

City

Sacramento

State

CA

Zip Code

95814

FEC ID number of contributing
federal political committee.**C** C00325449

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	8

Transaction ID: C1801353

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
B.

Full Name (Last, First, Middle Initial)

Friends of Rahm Emanuel

Mailing Address P.O. Box 101124

City

Chicago

State

IL

Zip Code

60610

FEC ID number of contributing
federal political committee.**C** C00368829

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	8

Transaction ID: C1807179

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
C.

Full Name (Last, First, Middle Initial)

IBEW COPE

Mailing Address 900 7th St NW

City

Washington

State

DC

Zip Code

20001-3720

FEC ID number of contributing
federal political committee.**C** C00027342

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	0	8

Transaction ID: C4184227

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 112

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

Jim R. Trujillo State Representative Campaign Acco

Mailing Address 1901 Morris Pl

City

Santa Fe

State

NM

Zip Code

87505-5466

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	0	8

Transaction ID: C4181215

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
B.

Full Name (Last, First, Middle Initial)

Madrid for Congress

Mailing Address 20 First Plaza Ctr NW
Ste 306

City

Albuquerque

State

NM

Zip Code

87102-3352

FEC ID number of contributing
federal political committee.**C**

C00415885

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	0	8

Transaction ID: C4173972

Amount of Each Receipt this Period

1300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
C.

Full Name (Last, First, Middle Initial)

Madrid for Congress

Mailing Address 20 First Plaza Ctr NW
Ste 306

City

Albuquerque

State

NM

Zip Code

87102-3352

FEC ID number of contributing
federal political committee.**C**

C00415885

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	0	8

Transaction ID: C4176180

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page (optional)

2550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 112

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)
Our Common Values PAC

Mailing Address 101 W Grand Ave
Ste 200

City State Zip Code
Chicago IL 60610-4230

FEC ID number of contributing
federal political committee. **C** C00399014

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: C4182659

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Richardson for Governor

Mailing Address 500 Marquette Ave NW

City State Zip Code
Albuquerque NM 87102

FEC ID number of contributing
federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 1 / 2 0 0 8

Transaction ID: C4176527

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Rocky Mountain PAC

Mailing Address 607 14th St NW
Ste 600

City State Zip Code
Washington DC 20005-2006

FEC ID number of contributing
federal political committee. **C** C00409128

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: C1801376

Amount of Each Receipt this Period

2500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 112

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

Solis for Congress

Mailing Address 6380 Wilshire Blvd. #1612

City

Los Angeles

State

CA

Zip Code

90048

FEC ID number of contributing
federal political committee.**C** C00346296

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	8

Transaction ID: C1797955

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
B.

Full Name (Last, First, Middle Initial)

The Mesabi Fund

Mailing Address PO Box 7853

City

Washington

State

DC

Zip Code

20044-7853

FEC ID number of contributing
federal political committee.**C** C00437129

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	8

Transaction ID: C1811727

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

71100.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 112

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

Ben Ray Lujan

Mailing Address 05 Entrada Celedon Y Nestora

City	State	Zip Code
Santa Fe	NM	87506-9740

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of New MexicoOccupation
PRC

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	0	8

Transaction ID: C4173159

Amount of Each Receipt this Period

150000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

150000.00

TOTAL This Period (last page this line number only)

150000.00

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 56 / 112

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
People for Ben

A. Full Name (Last, First, Middle Initial) A & B Insurance	Transaction ID: D109245 Date of Disbursement
Mailing Address 718 S Saint Francis Dr	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 2 / 2 0 0 8</div> </div>
City Santa Fe State NM Zip Code 87505-3030	Amount of Each Disbursement this Period
Purpose of Disbursement Event Insurance	<div> <div>235.34</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Albuquerque Journal	Transaction ID: D108782 Date of Disbursement
Mailing Address 7777 Jefferson Street NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 0 / 2 0 0 8</div> </div>
City Albuquerque State NM Zip Code 87109	Amount of Each Disbursement this Period
Purpose of Disbursement Advertising	<div> <div>2029.66</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Albuquerque Journal	Transaction ID: D108783 Date of Disbursement
Mailing Address 7777 Jefferson Street NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 0 / 2 0 0 8</div> </div>
City Albuquerque State NM Zip Code 87109	Amount of Each Disbursement this Period
Purpose of Disbursement Advertising	<div> <div>876.38</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3141.38

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 57 / 112

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
People for Ben

A. Full Name (Last, First, Middle Initial) Albuquerque Journal	Transaction ID: D108784 Date of Disbursement
Mailing Address 7777 Jefferson Street NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 3 / 2 0 0 8</div> </div>
City Albuquerque State NM Zip Code 87109	Amount of Each Disbursement this Period
Purpose of Disbursement Advertising	<div> <div></div> <div>353.40</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Auburn Quad, Inc	Transaction ID: D189680 Date of Disbursement
Mailing Address PO Box 390728	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 5 / 2 0 0 8</div> </div>
City Cambridge State MA Zip Code 02139-0008	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Service Fee	<div> <div></div> <div>239.99</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Auburn Quad, Inc	Transaction ID: D190149 Date of Disbursement
Mailing Address PO Box 390728	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 9 / 2 0 0 8</div> </div>
City Cambridge State MA Zip Code 02139-0008	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Service Fee	<div> <div></div> <div>201.40</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

794.79

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 58 / 112

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
People for Ben

A.

Full Name (Last, First, Middle Initial)
Auburn Quad, Inc

Mailing Address PO Box 390728

City State Zip Code
Cambridge MA 02139-0008

Purpose of Disbursement
Credit Card Service Fee
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: D190285
Date of Disbursement

/ /

Amount of Each Disbursement this Period

203.44

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Auburn Quad, Inc

Mailing Address PO Box 390728

City State Zip Code
Cambridge MA 02139-0008

Purpose of Disbursement
Credit Card Service Fee
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼
 State: District:

Transaction ID: D191573
Date of Disbursement

/ /

Amount of Each Disbursement this Period

60.01

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Auburn Quad, Inc

Mailing Address PO Box 390728

City State Zip Code
Cambridge MA 02139-0008

Purpose of Disbursement
Credit Card Service Fee
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼
 State: District:

Transaction ID: D191574
Date of Disbursement

/ /

Amount of Each Disbursement this Period

5.93

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

269.38

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
People for Ben

A. Full Name (Last, First, Middle Initial) Auburn Quad, Inc	Transaction ID: D191575 Date of Disbursement
Mailing Address PO Box 390728	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 2 / 2 0 0 8</div> </div>
City State Zip Code Cambridge MA 02139-0008	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Service Fee	<div> <div>98.57</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Mr. Ben Ray Lujan	Transaction ID: D108827 Date of Disbursement
Mailing Address 05 Entrada Celedon Y Nestora	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 2 / 2 0 0 8</div> </div>
City State Zip Code Santa Fe NM 87506-9740	Amount of Each Disbursement this Period
Purpose of Disbursement Reimbursement for Campaign Expenses	<div> <div>1399.19</div> </div>
Candidate Name Mr. Ben Ray Lujan	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Mr. Ben Ray Lujan	Transaction ID: D108828 Date of Disbursement
Mailing Address 05 Entrada Celedon Y Nestora	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 2 / 2 0 0 8</div> </div>
City State Zip Code Santa Fe NM 87506-9740	Amount of Each Disbursement this Period
Purpose of Disbursement Reimbursement for Campaign Expenses	<div> <div>1270.70</div> </div>
Candidate Name Mr. Ben Ray Lujan	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2768.46

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
People for Ben

A. Full Name (Last, First, Middle Initial) Mr. Ben Ray Lujan	Transaction ID: D108829 Date of Disbursement
Mailing Address 05 Entrada Celedon Y Nestora	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 4 / 2 0 0 8</div> </div>
City Santa Fe State NM Zip Code 87506-9740	Amount of Each Disbursement this Period
Purpose of Disbursement Reimbursement for Campaign loan Interest	<div> <div>423.62</div> </div>
Candidate Name Mr. Ben Ray Lujan	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Best Buy	Transaction ID: D108832 Date of Disbursement
Mailing Address 3533 Zafarano Dr	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 0 / 2 0 0 8</div> </div>
City Santa Fe State NM Zip Code 87507-2618	Amount of Each Disbursement this Period
Purpose of Disbursement Office Equipment	<div> <div>323.81</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Best Buy	Transaction ID: D108833 Date of Disbursement
Mailing Address 3533 Zafarano Dr	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 3 / 2 0 0 8</div> </div>
City Santa Fe State NM Zip Code 87507-2618	Amount of Each Disbursement this Period
Purpose of Disbursement Office Equipment	<div> <div>165.88</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

913.31

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
People for Ben

A. Full Name (Last, First, Middle Initial) Best Buy Mailing Address 3533 Zafarano Dr	Transaction ID: D108835 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 2 / 2 0 0 8</div> </div>
City Santa Fe State NM Zip Code 87507-2618 Purpose of Disbursement Office Equipment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div> <div></div> <div>346.38</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Best Buy Mailing Address 3533 Zafarano Dr	Transaction ID: D108836 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 3 / 2 0 0 8</div> </div>
City Santa Fe State NM Zip Code 87507-2618 Purpose of Disbursement Office Equipment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div> <div></div> <div>413.79</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Century Bank Mailing Address PO Box 1507	Transaction ID: D108844 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 5 / 2 0 0 8</div> </div>
City Santa Fe State NM Zip Code 87504-1507 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div> <div></div> <div>6872.20</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
SUBTOTAL of Disbursements This Page (optional) ▶	<div> <div></div> <div>7632.37</div> </div>
TOTAL This Period (last page this line number only) ▶	<div> <div></div> </div>

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
People for Ben

A. Full Name (Last, First, Middle Initial) Century Bank <hr/> Mailing Address PO Box 1507 <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Santa Fe</td> <td style="width: 33%;">State NM</td> <td style="width: 33%;">Zip Code 87504-1507</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Bank Charges</td> <td rowspan="2" style="text-align: center; vertical-align: middle;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td colspan="2">Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> </tr> <tr> <td>State: District:</td> <td colspan="2"></td> </tr> </table>	City Santa Fe	State NM	Zip Code 87504-1507	Purpose of Disbursement Bank Charges		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Category/ Type	Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: District:			Transaction ID: D108846 Date of Disbursement <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> </div> <div style="display: flex; justify-content: space-between; border: 1px solid black; padding: 2px;"> 05 15 2008 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">15.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Santa Fe	State NM	Zip Code 87504-1507													
Purpose of Disbursement Bank Charges		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Category/ Type													
Candidate Name															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼														
State: District:															
B. Full Name (Last, First, Middle Initial) Century Bank <hr/> Mailing Address PO Box 1507 <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Santa Fe</td> <td style="width: 33%;">State NM</td> <td style="width: 33%;">Zip Code 87504-1507</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Bank Charges</td> <td rowspan="2" style="text-align: center; vertical-align: middle;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td colspan="2">Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> </tr> <tr> <td>State: District:</td> <td colspan="2"></td> </tr> </table>	City Santa Fe	State NM	Zip Code 87504-1507	Purpose of Disbursement Bank Charges		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Category/ Type	Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: District:			Transaction ID: D108849 Date of Disbursement <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> </div> <div style="display: flex; justify-content: space-between; border: 1px solid black; padding: 2px;"> 05 20 2008 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">5.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Santa Fe	State NM	Zip Code 87504-1507													
Purpose of Disbursement Bank Charges		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Category/ Type													
Candidate Name															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼														
State: District:															
C. Full Name (Last, First, Middle Initial) Century Bank <hr/> Mailing Address PO Box 1507 <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Santa Fe</td> <td style="width: 33%;">State NM</td> <td style="width: 33%;">Zip Code 87504-1507</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Bank Charges</td> <td rowspan="2" style="text-align: center; vertical-align: middle;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td colspan="2">Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> </tr> <tr> <td>State: District:</td> <td colspan="2"></td> </tr> </table>	City Santa Fe	State NM	Zip Code 87504-1507	Purpose of Disbursement Bank Charges		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Category/ Type	Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: District:			Transaction ID: D108850 Date of Disbursement <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> </div> <div style="display: flex; justify-content: space-between; border: 1px solid black; padding: 2px;"> 05 20 2008 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">8.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Santa Fe	State NM	Zip Code 87504-1507													
Purpose of Disbursement Bank Charges		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Category/ Type													
Candidate Name															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼														
State: District:															

SUBTOTAL of Disbursements This Page (optional)

28.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
People for Ben

A. Full Name (Last, First, Middle Initial) Century Bank Mailing Address PO Box 1507	Transaction ID: D108851 Date of Disbursement <div> <div>05</div> <div>21</div> <div>2008</div> </div>
City Santa Fe State NM Zip Code 87504-1507 Purpose of Disbursement Bank Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>30.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Century Bank Mailing Address PO Box 1507 City Santa Fe State NM Zip Code 87504-1507 Purpose of Disbursement Bank Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D108853 Date of Disbursement <div> <div>05</div> <div>22</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>30.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Century Bank Mailing Address PO Box 1507 City Santa Fe State NM Zip Code 87504-1507 Purpose of Disbursement Bank Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D108855 Date of Disbursement <div> <div>05</div> <div>27</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>15.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
People for Ben

A. Full Name (Last, First, Middle Initial) Century Bank	Transaction ID: D108856 Date of Disbursement
Mailing Address PO Box 1507	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 5 / 2 0 0 8</div> </div>
City Santa Fe State NM Zip Code 87504-1507	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll Taxes Candidate Name <div>Category/Type</div>	<div>6929.65</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
B. Full Name (Last, First, Middle Initial) Chase Data Corp	Transaction ID: D108857 Date of Disbursement
Mailing Address 3703 Churchill Downs Dr	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 3 / 2 0 0 8</div> </div>
City Davie State FL Zip Code 33328-1367	Amount of Each Disbursement this Period
Purpose of Disbursement Telemarketing Candidate Name <div>Category/Type</div>	<div>500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
C. Full Name (Last, First, Middle Initial) Cheap Tickets.com	Transaction ID: D108858 Date of Disbursement
Mailing Address 3703 Churchill Downs Dr.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 7 / 2 0 0 8</div> </div>
City Chicago State IL Zip Code 60661	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Candidate Name <div>Category/Type</div>	<div>11.98</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

SUBTOTAL of Disbursements This Page (optional)

7441.63

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
People for Ben

A. Full Name (Last, First, Middle Initial) City of Santa Fe	Transaction ID: D108859
City of Santa Fe	Date of Disbursement
Mailing Address 2515 Camino Entrada	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 8 / 2 0 0 8</div> </div>
City Santa Fe State NM Zip Code 87507-4808	Amount of Each Disbursement this Period
Purpose of Disbursement Utilities	<div> <div></div> <div>345.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<div> <div></div> <div>Category/ Type</div> </div>
B. Full Name (Last, First, Middle Initial) Clovis Journal	Transaction ID: D108860
Mailing Address 521 Pile St	Date of Disbursement
City Clovis State NM Zip Code 88101-6637	Amount of Each Disbursement this Period
Purpose of Disbursement Advertising	<div> <div></div> <div>974.98</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<div> <div></div> <div>Category/ Type</div> </div>
C. Full Name (Last, First, Middle Initial) Constant Contact	Transaction ID: D108863
Mailing Address 1601 Trapelo Rd Ste 329	Date of Disbursement
City Waltham State MA Zip Code 02451-7357	Amount of Each Disbursement this Period
Purpose of Disbursement Voter Outreach	<div> <div></div> <div>55.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<div> <div></div> <div>Category/ Type</div> </div>

SUBTOTAL of Disbursements This Page (optional)

1374.98

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
People for Ben

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Constant Contact</p> <p>Mailing Address 1601 Trapelo Rd Ste 329</p> <p>City Waltham State MA Zip Code 02451-7357</p> <p>Purpose of Disbursement Voter Outreach</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D108864 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 55.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Cricket</p> <p>Mailing Address 4250 Cerrillos Road,</p> <p>City Santa Fe State NM Zip Code 87505</p> <p>Purpose of Disbursement Cell Phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D108866 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 151.35</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Delta Airlines</p> <p>Mailing Address PO Box 20706</p> <p>City Atlanta State GA Zip Code 30320-6001</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D108867 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 422.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)

628.85

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
People for Ben

A. Full Name (Last, First, Middle Initial) Delta Airlines Mailing Address PO Box 20706	Transaction ID: D108868 Date of Disbursement <div> <div>06</div> <div>17</div> <div>2008</div> </div>
City Atlanta State GA Zip Code 30320-6001 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>422.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Desert Tees Mailing Address 851 W San Mateo Rd City Santa Fe State NM Zip Code 87505-3946 Purpose of Disbursement Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D108870 Date of Disbursement <div> <div>06</div> <div>04</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>971.10</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Dions Mailing Address 2014 Cerrillos Rd City Santa Fe State NM Zip Code 87505-3270 Purpose of Disbursement Campaign Event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D108901 Date of Disbursement <div> <div>06</div> <div>04</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>90.22</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1483.82

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
People for Ben

A. Full Name (Last, First, Middle Initial) DMC Broadcasting Mailing Address 1128 Paseo Del Pueblo Sur	Transaction ID: D108902 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 2 / 2 0 0 8</div> </div>
City Taos State NM Zip Code 87571-5973 Purpose of Disbursement Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>1049.15</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Elections in Motion Mailing Address 1019 Don Diego Ave City Santa Fe State NM Zip Code 87505-1626 Purpose of Disbursement Fundraising Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D108903 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 1 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>6149.99</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Elections in Motion Mailing Address 1019 Don Diego Ave City Santa Fe State NM Zip Code 87505-1626 Purpose of Disbursement Fundraising Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D108904 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>6663.56</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
SUBTOTAL of Disbursements This Page (optional) ►	<div>13862.70</div>
TOTAL This Period (last page this line number only) ►	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
People for Ben

A. Full Name (Last, First, Middle Initial) Elida's Cafe Mailing Address 801 Railroad Ave	Transaction ID: D108905 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td> <td>2</td><td>8</td><td></td> <td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	8		2	0	0	8												
City Springer State NM Zip Code 87747 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <table border="1"> <tr> <td>18.50</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	18.50																			
18.50																					
B. Full Name (Last, First, Middle Initial) Farmington Daily Times Mailing Address 205 W. Arrington	Transaction ID: D108933 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td> <td>0</td><td>3</td><td></td> <td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	3		2	0	0	8												
City Farmington State NM Zip Code 87401 Purpose of Disbursement Newspaper subscription Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <table border="1"> <tr> <td>334.45</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	334.45																			
334.45																					
C. Full Name (Last, First, Middle Initial) Federal Express Mailing Address 460 Saint Michaels Dr	Transaction ID: D108934 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td> <td>2</td><td>2</td><td></td> <td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	2		2	0	0	8												
City Santa Fe State NM Zip Code 87505-7619 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <table border="1"> <tr> <td>30.88</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	30.88																			
30.88																					

SUBTOTAL of Disbursements This Page (optional)

383.83

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
People for Ben

A. Full Name (Last, First, Middle Initial) Federal Express Mailing Address 460 Saint Michaels Dr	Transaction ID: D108935 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 7 / 2 0 0 8</div> </div>
City Santa Fe State NM Zip Code 87505-7619 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>111.30</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Federal Express Mailing Address 460 Saint Michaels Dr	Transaction ID: D108936 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 6 / 2 0 0 8</div> </div>
City Santa Fe State NM Zip Code 87505-7619 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>26.05</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Federal Express Mailing Address 460 Saint Michaels Dr	Transaction ID: D108937 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 9 / 2 0 0 8</div> </div>
City Santa Fe State NM Zip Code 87505-7619 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>66.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

203.85

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
People for Ben

A. Full Name (Last, First, Middle Initial) First Impressions Inc.	Transaction ID: D108938 Date of Disbursement
Mailing Address 3401 Girard Blvd NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 2 / 2 0 0 8</div> </div>
City Albuquerque State NM Zip Code 87107-1928	Amount of Each Disbursement this Period <div>2583.70</div>
Purpose of Disbursement Stationary	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) First Impressions Inc.	Transaction ID: D108939 Date of Disbursement
Mailing Address 3401 Girard Blvd NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 3 / 2 0 0 8</div> </div>
City Albuquerque State NM Zip Code 87107-1928	Amount of Each Disbursement this Period <div>269.33</div>
Purpose of Disbursement Stationary	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Focus Ink, Inc.	Transaction ID: D108940 Date of Disbursement
Mailing Address 418 Cerrillos Road 17	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 7 / 2 0 0 8</div> </div>
City Santa Fe State NM Zip Code 87501	Amount of Each Disbursement this Period <div>3329.20</div>
Purpose of Disbursement Printing	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

6182.23

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
People for Ben

A. Full Name (Last, First, Middle Initial) Zanos Foods Mailing Address 221 Airport Dr NW	Transaction ID: D109121 Date of Disbursement <div> <div>06</div> <div>24</div> <div>2008</div> </div>
City Albuquerque State NM Zip Code 87121-2056 Purpose of Disbursement Event Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>376.92</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Gallup Independent Mailing Address 500 N 9th St City Gallup State NM Zip Code 87301 Purpose of Disbursement Newspaper subscription Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D108941 Date of Disbursement <div> <div>06</div> <div>02</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>393.10</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Garcia Tents Mailing Address 303 Arvada Ave NW City Albuquerque State NM Zip Code 87102-1025 Purpose of Disbursement Event Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D108942 Date of Disbursement <div> <div>06</div> <div>18</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>575.59</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1345.61

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
People for Ben

A.

Full Name (Last, First, Middle Initial)
Harold Geddings

Mailing Address 700 E Lea St

City Hobbs State NM Zip Code 88240-5237

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D108946

Date of Disbursement

05 / 31 / 2008

Amount of Each Disbursement this Period

982.47

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Harold Geddings

Mailing Address 700 E Lea St

City Hobbs State NM Zip Code 88240-5237

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D108947

Date of Disbursement

05 / 31 / 2008

Amount of Each Disbursement this Period

982.47

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Greenberg Quinlan Rosner

Mailing Address 10 G St NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Market Research

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D108944

Date of Disbursement

05 / 15 / 2008

Amount of Each Disbursement this Period

7000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

8964.94

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
People for Ben

A.

Full Name (Last, First, Middle Initial)
Greenberg Quinlan Rosner

Mailing Address 10 G St NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Market Research
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: D108945
Date of Disbursement

/ /

Amount of Each Disbursement this Period

10400.58

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Home Depot

Mailing Address 952 Richards Ave

City Santa Fe State NM Zip Code 87507-7204

Purpose of Disbursement
Office Supplies
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: D108948
Date of Disbursement

/ /

Amount of Each Disbursement this Period

45.52

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Home Depot

Mailing Address 952 Richards Ave

City Santa Fe State NM Zip Code 87507-7204

Purpose of Disbursement
Office Supplies
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: D108949
Date of Disbursement

/ /

Amount of Each Disbursement this Period

26.97

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

10473.07

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
People for Ben

A. Full Name (Last, First, Middle Initial) Home Depot Mailing Address 952 Richards Ave	Transaction ID: D108950 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 2 / 2 0 0 8</div> </div>
City Santa Fe State NM Zip Code 87507-7204 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div> <div></div> <div>44.16</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Home Depot Mailing Address 952 Richards Ave City Santa Fe State NM Zip Code 87507-7204 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D108951 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 4 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>12.86</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Home Depot Mailing Address 952 Richards Ave City Santa Fe State NM Zip Code 87507-7204 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D108952 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 4 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>11.24</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

68.26

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
People for Ben

A. Full Name (Last, First, Middle Initial) Hotel Santa Fe Mailing Address 1501 Paseo De Peralta	Transaction ID: D108953 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 4 / 2 0 0 8</div> </div>
City Santa Fe State NM Zip Code 87501-3721 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div> <div></div> <div>103.29</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) K-Bob's Mailing Address 141 E Palace Ave City Santa Fe State NM Zip Code 87501-3001 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D108960 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 8 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>10.73</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) KDCE Radio Mailing Address 403 W Pueblo Dr City Espanola State NM Zip Code 87532-2530 Purpose of Disbursement Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D108962 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 9 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>1608.20</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1722.22

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
People for Ben

A. Full Name (Last, First, Middle Initial) KNMX Mailing Address 304 S Grand Ave	Transaction ID: D108963 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 9 / 2 0 0 8</div> </div>
City Las Vegas State NM Zip Code 87701-3873 Purpose of Disbursement Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>1660.60</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) KNMX Mailing Address 304 S Grand Ave City Las Vegas State NM Zip Code 87701-3873 Purpose of Disbursement Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D108965 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 9 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>2232.76</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) KSWV Radio Mailing Address 102 Taos St City Santa Fe State NM Zip Code 87505 Purpose of Disbursement Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D108964 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 7 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>2163.07</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

6056.43

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
People for Ben

A. Full Name (Last, First, Middle Initial) KZRM Radio	Transaction ID: D108966
Mailing Address PO Box 307	Date of Disbursement
City Chama State NM Zip Code 87520-0307	<div> <div>06</div> <div>16</div> <div>2008</div> </div>
Purpose of Disbursement Advertising	Amount of Each Disbursement this Period
Candidate Name	<div>694.98</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Jason Loera	Transaction ID: D108954
Mailing Address 640 Bradshaw Ave	Date of Disbursement
City Los Angeles State CA Zip Code 90022-3403	<div> <div>06</div> <div>01</div> <div>2008</div> </div>
Purpose of Disbursement Contract Services	Amount of Each Disbursement this Period
Candidate Name	<div>1500.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Jason Loera	Transaction ID: D108955
Mailing Address 640 Bradshaw Ave	Date of Disbursement
City Los Angeles State CA Zip Code 90022-3403	<div> <div>06</div> <div>11</div> <div>2008</div> </div>
Purpose of Disbursement Contract Services	Amount of Each Disbursement this Period
Candidate Name	<div>1500.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

3694.98

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
People for Ben

A. Full Name (Last, First, Middle Initial) Los Alamos Monitor	Transaction ID: D109000 Date of Disbursement
Mailing Address 256 D.P. Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 9 / 2 0 0 8</div> </div>
City Los Alamos State NM Zip Code 87544	Amount of Each Disbursement this Period
Purpose of Disbursement Advertising	<div> <div>650.74</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Ernie Lujan	Transaction ID: D108932 Date of Disbursement
Mailing Address 5 Calle De Vecinos	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 0 / 2 0 0 8</div> </div>
City Santa Fe State NM Zip Code 87506-2762	Amount of Each Disbursement this Period
Purpose of Disbursement Reimbursement for Event Expenses	<div> <div>900.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Mack Course Group	Transaction ID: D109007 Date of Disbursement
Mailing Address 2001 N Beauregard St	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 1 / 2 0 0 8</div> </div>
City Alexandria State VA Zip Code 22311-1739	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail	<div> <div>42608.29</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

44159.03

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
People for Ben

A. Full Name (Last, First, Middle Initial)
Media Strategies and Research

Mailing Address 9990 Lee Hwy

City State Zip Code
Fairfax VA 22030

Purpose of Disbursement
Media

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D109015

Date of Disbursement

/ /

Amount of Each Disbursement this Period

58482.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Media Strategies and Research

Mailing Address 9990 Lee Hwy

City State Zip Code
Fairfax VA 22030

Purpose of Disbursement
Media

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D109016

Date of Disbursement

/ /

Amount of Each Disbursement this Period

21988.94

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Media Strategies and Research

Mailing Address 9990 Lee Hwy

City State Zip Code
Fairfax VA 22030

Purpose of Disbursement
Media

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D109018

Date of Disbursement

/ /

Amount of Each Disbursement this Period

79021.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

159491.94

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
People for Ben

A. Full Name (Last, First, Middle Initial) Media Strategies and Research	Transaction ID: D109019 Date of Disbursement
Mailing Address 9990 Lee Hwy	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 7 / 2 0 0 8</div> </div>
City State Zip Code Fairfax VA 22030	Amount of Each Disbursement this Period
Purpose of Disbursement MEDIA	<div> <div>20000.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Monahan Marketing	Transaction ID: D109022 Date of Disbursement
Mailing Address 1331 Park Ave SW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 8 / 2 0 0 8</div> </div>
City State Zip Code Albuquerque NM 87102-2847	Amount of Each Disbursement this Period
Purpose of Disbursement Advertising	<div> <div>347.34</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) My Campaign Store	Transaction ID: D109024 Date of Disbursement
Mailing Address PO Box 596	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 1 / 2 0 0 8</div> </div>
City State Zip Code Jeffersonville IN 47131-0596	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Signs	<div> <div>1294.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

21641.34

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
People for Ben

A.

Full Name (Last, First, Middle Initial)
NALEO Education Fund

Mailing Address 600 Pennsylvania Ave SE
Ste 230

City Washington State DC Zip Code 20003-4344

Purpose of Disbursement
Education and Training

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D109025

Date of Disbursement

/ /

Amount of Each Disbursement this Period

375.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Taos News

Mailing Address PO Box 3737

City Taos State NM Zip Code 87571-3737

Purpose of Disbursement
Advertising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D109187

Date of Disbursement

/ /

Amount of Each Disbursement this Period

451.71

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Taos News

Mailing Address PO Box 3737

City Taos State NM Zip Code 87571-3737

Purpose of Disbursement
Advertising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D109189

Date of Disbursement

/ /

Amount of Each Disbursement this Period

174.37

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1001.08

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
People for Ben

A.

Full Name (Last, First, Middle Initial)
Taos News

Mailing Address PO Box 3737

City State Zip Code
Taos NM 87571-3737

Purpose of Disbursement
Advertising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D109191

Date of Disbursement

/ /

Amount of Each Disbursement this Period

361.37

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Mark Nicastre

Mailing Address 2794 Via Caballero Del Sur

City State Zip Code
Santa Fe NM 87505-5359

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D109010

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1326.13

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Mark Nicastre

Mailing Address 2794 Via Caballero Del Sur

City State Zip Code
Santa Fe NM 87505-5359

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D109011

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1326.13

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

3013.63

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)
People for Ben

A.

Full Name (Last, First, Middle Initial)
Mark Nicastre

Mailing Address 2794 Via Caballero Del Sur

City State Zip Code
Santa Fe NM 87505-5359

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D109013

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1326.13

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Oasis Restaurant

Mailing Address 4451 Osuna Rd NE

City State Zip Code
Albuquerque NM 87109-4448

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D109027

Date of Disbursement

/ /

Amount of Each Disbursement this Period

33.19

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Office Depot

Mailing Address COLLEGE PLAZA SHOPPING CENTER

City State Zip Code
Santa Fe NM 87505

Purpose of Disbursement
Office Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D109030

Date of Disbursement

/ /

Amount of Each Disbursement this Period

268.72

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1628.04

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
People for Ben

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Office Depot</p> <p>Mailing Address COLLEGE PLAZA SHOPPING CENTER</p> <p>City Santa Fe State NM Zip Code 87505</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D109031 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 9 / 2 0 0 8</div></p> <p>Amount of Each Disbursement this Period <div>123.01</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Office Depot</p> <p>Mailing Address COLLEGE PLAZA SHOPPING CENTER</p> <p>City Santa Fe State NM Zip Code 87505</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D109032 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 9 / 2 0 0 8</div></p> <p>Amount of Each Disbursement this Period <div>52.85</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Office Depot</p> <p>Mailing Address COLLEGE PLAZA SHOPPING CENTER</p> <p>City Santa Fe State NM Zip Code 87505</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D109034 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 2 / 2 0 0 8</div></p> <p>Amount of Each Disbursement this Period <div>771.51</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ►

947.37

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
People for Ben

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Office Depot</p> <p>Mailing Address COLLEGE PLAZA SHOPPING CENTER</p> <p>City Santa Fe State NM Zip Code 87505</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: D109039 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 46.39</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Office Depot</p> <p>Mailing Address COLLEGE PLAZA SHOPPING CENTER</p> <p>City Santa Fe State NM Zip Code 87505</p> <p>Purpose of Disbursement Office Equipment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: D109042 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 74.21</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Office Depot</p> <p>Mailing Address COLLEGE PLAZA SHOPPING CENTER</p> <p>City Santa Fe State NM Zip Code 87505</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: D109051 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 108.41</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)

229.01

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
People for Ben

A. Full Name (Last, First, Middle Initial) Old Ebbit Grill Mailing Address 675 15th St NW	Transaction ID: D109055 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 7 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20005 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div> <div></div> <div>14.58</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Old Ebbit Grill Mailing Address 675 15th St NW City Washington State DC Zip Code 20005 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D109056 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 8 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>144.80</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Paper Tiger Mailing Address 1248 San Felipe Ave City Santa Fe State NM Zip Code 87505-3339 Purpose of Disbursement Stationary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D109058 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 7 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>99.03</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

258.41

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
People for Ben

A.

Full Name (Last, First, Middle Initial)
Peak Publications

Mailing Address PO Box 451067

City Los Angeles State CA Zip Code 90045-8510

Purpose of Disbursement
Subscriptions
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: D109059
Date of Disbursement

/ /

Amount of Each Disbursement this Period

248.22

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Andrew J. Perkins

Mailing Address 1002 Don Cubero Ave

City Santa Fe State NM Zip Code 87505-1619

Purpose of Disbursement
Accounting Fees
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: D108785
Date of Disbursement

/ /

Amount of Each Disbursement this Period

450.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Positive Contacts Consulting

Mailing Address 400 Gold Ave SW

City Albuquerque State NM Zip Code 87102

Purpose of Disbursement
Voter Outreach
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: D109060
Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

2698.22

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
People for Ben

A.

Full Name (Last, First, Middle Initial)

Real Deal Productions

Mailing Address 1516 Paseo De Peralta

City State Zip Code
Santa Fe NM 87501-3722

Purpose of Disbursement
Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D109062

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2250.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Real Deal Productions

Mailing Address 1516 Paseo De Peralta

City State Zip Code
Santa Fe NM 87501-3722

Purpose of Disbursement
Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D109064

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1850.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Renaissance Hotel

Mailing Address 999 9th St NW

City State Zip Code
Washington DC 20001

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D109068

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1028.35

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

5128.35

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
People for Ben

A. Full Name (Last, First, Middle Initial) Renaissance Hotel Mailing Address 999 9th St NW	Transaction ID: D109070 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 9 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20001 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>453.89</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Rio Grande Sun Mailing Address 123 N Railroad Ave City Espanola State NM Zip Code 87532-2627 Purpose of Disbursement Subscriptions Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D109076 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 1 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>174.15</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Rio Rancho Observer Mailing Address 594 Sara Road City Rio Rancho State NM Zip Code 87124 Purpose of Disbursement Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D109083 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 8 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>478.49</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1106.53

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
People for Ben

A.

Full Name (Last, First, Middle Initial)
Rocketman Signs

Mailing Address 1 Placita Dalinda

City State Zip Code
Santa Fe NM 87508-2180

Purpose of Disbursement
Campaign Signs

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D109097

Date of Disbursement

/ /

Amount of Each Disbursement this Period

259.05

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Yvette Rodarte

Mailing Address PO Box 1966

City State Zip Code
Albuquerque NM 87103-1966

Purpose of Disbursement
Contract Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D109111

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Yvette Rodarte

Mailing Address PO Box 1966

City State Zip Code
Albuquerque NM 87103-1966

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D109112

Date of Disbursement

/ /

Amount of Each Disbursement this Period

800.70

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1259.75

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
People for Ben

A. Full Name (Last, First, Middle Initial) Yvette Rodarte Mailing Address PO Box 1966	Transaction ID: D109113 Date of Disbursement <div> <div>06</div> <div>11</div> <div>2008</div> </div>
City Albuquerque State NM Zip Code 87103-1966 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>800.70</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Yvette Rodarte Mailing Address PO Box 1966 City Albuquerque State NM Zip Code 87103-1966 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D109114 Date of Disbursement <div> <div>06</div> <div>20</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>184.70</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Safeguard Business Systems Mailing Address 8585 N. Stemmons, Suite 600 N City Dallas State TX Zip Code 75247 Purpose of Disbursement Stationary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D109098 Date of Disbursement <div> <div>06</div> <div>13</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>124.23</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1109.63

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
People for Ben

A.

Full Name (Last, First, Middle Initial)
Santa Fe New Mexican

Mailing Address PO Box 2048

City State Zip Code
Santa Fe NM 87504-2048

Purpose of Disbursement
Advertising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D109099

Date of Disbursement

/ /

Amount of Each Disbursement this Period

935.82

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Santa Fe New Mexican

Mailing Address PO Box 2048

City State Zip Code
Santa Fe NM 87504-2048

Purpose of Disbursement
Advertising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D109100

Date of Disbursement

/ /

Amount of Each Disbursement this Period

412.75

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Santa Fe New Mexican

Mailing Address PO Box 2048

City State Zip Code
Santa Fe NM 87504-2048

Purpose of Disbursement
Advertising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D109101

Date of Disbursement

/ /

Amount of Each Disbursement this Period

755.56

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

2104.13

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
People for Ben

A.

Full Name (Last, First, Middle Initial)
Santa Fe New Mexican

Mailing Address PO Box 2048

City State Zip Code
Santa Fe NM 87504-2048

Purpose of Disbursement
Advertising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D109102

Date of Disbursement

/ /

Amount of Each Disbursement this Period

405.32

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Zia Broadcasting Service

Mailing Address 2112 N Thornton St

City State Zip Code
Clovis NM 88101-4130

Purpose of Disbursement
Advertising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D109174

Date of Disbursement

/ /

Amount of Each Disbursement this Period

464.13

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Shell Gasoline

Mailing Address 2631 Cerrillos Rd

City State Zip Code
Santa Fe NM 87505-3257

Purpose of Disbursement
Gas

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D109103

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

909.45

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
People for Ben

A. Full Name (Last, First, Middle Initial) Shell Gasoline Mailing Address 2631 Cerrillos Rd	Transaction ID: D109104 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 1 / 2 0 0 8</div> </div>
City Santa Fe State NM Zip Code 87505-3257 Purpose of Disbursement Gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div> <div></div> <div>32.80</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Shell Gasoline Mailing Address 2631 Cerrillos Rd City Santa Fe State NM Zip Code 87505-3257 Purpose of Disbursement Gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D109105 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 3 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>30.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Shell Gasoline Mailing Address 2631 Cerrillos Rd City Santa Fe State NM Zip Code 87505-3257 Purpose of Disbursement Gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D109106 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 2 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>29.99</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

92.79

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
People for Ben

A. Full Name (Last, First, Middle Initial) Shell Gasoline Mailing Address 2631 Cerrillos Rd	Transaction ID: D109107 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 8 / 2 0 0 8</div> </div>
City Santa Fe State NM Zip Code 87505-3257 Purpose of Disbursement Gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>47.31</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Shell Gasoline Mailing Address 2631 Cerrillos Rd City Santa Fe State NM Zip Code 87505-3257 Purpose of Disbursement Gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D109003 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 0 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>53.72</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Southwest Cash and Carry Mailing Address 518 W Cordova Rd # A City Santa Fe State NM Zip Code 87505 Purpose of Disbursement Event Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D109176 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 4 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>2532.70</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

2633.73

TOTAL This Period (last page this line number only)

X	17		18		19a		19b
	20a		20b		20c		21

FEC Schedule B (Form 3) (Revised 02/2003)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)
People for Ben

<p>A.</p> <p>Full Name (Last, First, Middle Initial) The Apple Store</p> <p>Mailing Address 2240 Q St NE Ste D</p> <p>City Albuquerque State NM Zip Code 87110-2072</p> <p>Purpose of Disbursement Office Equipment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D108823 Date of Disbursement <div>06 / 20 / 2008</div></p> <p>Amount of Each Disbursement this Period <div>1400.00</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Roadmaster Transportation</p> <p>Mailing Address 5020 Nicholson Ct</p> <p>City Kensington State MD Zip Code 20895-1007</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D109094 Date of Disbursement <div>06 / 30 / 2008</div></p> <p>Amount of Each Disbursement this Period <div>84.00</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Travelers Insurance</p> <p>Mailing Address 1532 Cerrillos Rd Ste C</p> <p>City Santa Fe State NM Zip Code 87505-3512</p> <p>Purpose of Disbursement Insurance Policy</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D109197 Date of Disbursement <div>06 / 17 / 2008</div></p> <p>Amount of Each Disbursement this Period <div>38.56</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)

1522.56

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
People for Ben

A. Full Name (Last, First, Middle Initial) Aaron Trujillo Mailing Address 6804 Toratolla Ct NW	Transaction ID: D109238 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 5 / 2 0 0 8</div> </div>
City Albuquerque State NM Zip Code 87120-6098 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>1142.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Aaron Trujillo Mailing Address 6804 Toratolla Ct NW	Transaction ID: D108779 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 1 / 2 0 0 8</div> </div>
City Albuquerque State NM Zip Code 87120-6098 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>1142.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Aaron Trujillo Mailing Address 6804 Toratolla Ct NW	Transaction ID: D108780 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 1 / 2 0 0 8</div> </div>
City Albuquerque State NM Zip Code 87120-6098 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>1142.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

3427.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
People for Ben

A. Full Name (Last, First, Middle Initial) Aaron Trujillo Mailing Address 6804 Toratolla Ct NW	Transaction ID: D108781 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 0 / 2 0 0 8</div> </div>
City Albuquerque State NM Zip Code 87120-6098 Purpose of Disbursement expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div> <div></div> <div>185.44</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Carlos Trujillo Mailing Address 309 Rio Grande #4 City Albuquerque State NM Zip Code 87104 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D108837 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 8 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>2827.05</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Carlos Trujillo Mailing Address 309 Rio Grande #4 City Albuquerque State NM Zip Code 87104 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D108838 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 1 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>2827.05</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

5839.54

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
People for Ben

A. Full Name (Last, First, Middle Initial) Carlos Trujillo Mailing Address 309 Rio Grande #4	Transaction ID: D108839 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 4 / 2 0 0 8</div> </div>
City Albuquerque State NM Zip Code 87104 Purpose of Disbursement Reimbursement for Campaign Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>545.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Carlos Trujillo Mailing Address 309 Rio Grande #4 City Albuquerque State NM Zip Code 87104 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D108840 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>2827.05</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Conception J. Trujillo Mailing Address PO Box 2615 City Las Vegas State NM Zip Code 87701-2615 Purpose of Disbursement Reimbursement for Event Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D108861 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 4 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>100.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

3472.55

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
People for Ben

A.

Full Name (Last, First, Middle Initial)
United States Post Office

Mailing Address 2110 S Pacheco St

City State Zip Code
Santa Fe NM 87505-5458

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D109115

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1050.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
United States Post Office

Mailing Address 2110 S Pacheco St

City State Zip Code
Santa Fe NM 87505-5458

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D109116

Date of Disbursement

/ /

Amount of Each Disbursement this Period

422.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
United States Post Office

Mailing Address 2110 S Pacheco St

City State Zip Code
Santa Fe NM 87505-5458

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D109117

Date of Disbursement

/ /

Amount of Each Disbursement this Period

504.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1976.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
People for Ben

A. Full Name (Last, First, Middle Initial) Upper Crust Pizza Mailing Address 329 Old Santa Fe Trl	Transaction ID: D109184 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 1 / 2 0 0 8</div> </div>
City State Zip Code Santa Fe NM 87501-2707 Purpose of Disbursement Event Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div> <div></div> <div>39.40</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Jonathan Valdez Mailing Address PO Box 4031 City State Zip Code Espanola NM 87533-4031 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D108956 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 5 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>1461.60</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Jonathan Valdez Mailing Address PO Box 4031 City State Zip Code Espanola NM 87533-4031 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D108957 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 1 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>1461.60</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

2962.60

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
People for Ben

A. Full Name (Last, First, Middle Initial) Jonathan Valdez Mailing Address PO Box 4031	Transaction ID: D108958 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 1 / 2 0 0 8</div> </div>
City Espanola State NM Zip Code 87533-4031 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1461.60</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Jonathan Valdez Mailing Address PO Box 4031 City Espanola State NM Zip Code 87533-4031 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D108959 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 4 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>1461.60</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Katie Valdez Mailing Address 15 Paseo De La Joya City Santa Fe State NM Zip Code 87506-7108 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D108961 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 1 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>461.75</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

3384.95

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
People for Ben

A. Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 2167	Transaction ID: D108824 Date of Disbursement <div> <div>05</div> <div>21</div> <div>2008</div> </div>
City Folsom State CA Zip Code 95763-2167 Purpose of Disbursement Cell Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>149.21</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 2167 City Folsom State CA Zip Code 95763-2167 Purpose of Disbursement Cell Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D108825 Date of Disbursement <div> <div>06</div> <div>23</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>145.32</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 2167 City Folsom State CA Zip Code 95763-2167 Purpose of Disbursement cell Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D109108 Date of Disbursement <div> <div>06</div> <div>12</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>235.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
SUBTOTAL of Disbursements This Page (optional)	<div>529.53</div> TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
People for Ben

A. Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 2167	Transaction ID: D109109 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	3		2	0	0	8	
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	3		2	0	0	8													
City Folsom State CA Zip Code 95763-2167 Purpose of Disbursement Cell Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>145.32</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	145.32																				
145.32																						
B. Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 2167 City Folsom State CA Zip Code 95763-2167 Purpose of Disbursement Cell Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D109110 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>210.45</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	0		2	0	0	8	210.45
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		2	0		2	0	0	8													
210.45																						
C. Full Name (Last, First, Middle Initial) Anna Veverka Mailing Address 581 Hoven Weep Loop City Jemez Springs State NM Zip Code 87025-9686 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D108786 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>800.70</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	5		2	0	0	8	800.70
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		1	5		2	0	0	8													
800.70																						
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td>1156.47</td> </tr> </table>	1156.47																				
1156.47																						
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td></td> </tr> </table>																					

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
People for Ben

A. Full Name (Last, First, Middle Initial) Anna Veverka	Transaction ID: D108787 Date of Disbursement
Mailing Address 581 Hoven Weep Loop	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 1 / 2 0 0 8</div> </div>
City Jemez Springs State NM Zip Code 87025-9686	Amount of Each Disbursement this Period <div>800.70</div>
Purpose of Disbursement Salary Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type	
B. Full Name (Last, First, Middle Initial) Gary Vigil	Transaction ID: D108943 Date of Disbursement
Mailing Address 2513 Camino Cabestro	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 5 / 2 0 0 8</div> </div>
City Santa Fe State NM Zip Code 87505-5817	Amount of Each Disbursement this Period <div>150.00</div>
Purpose of Disbursement Reimbursement for Campaign Expenses Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type	
C. Full Name (Last, First, Middle Initial) Wal Mart	Transaction ID: D109118 Date of Disbursement
Mailing Address 3251 Cerrillos Rd	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 3 / 2 0 0 8</div> </div>
City Santa Fe State NM Zip Code 87507-2924	Amount of Each Disbursement this Period <div>151.46</div>
Purpose of Disbursement Office Supplies Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type	

SUBTOTAL of Disbursements This Page (optional)

1102.16

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
People for Ben

A.

Full Name (Last, First, Middle Initial)
Water Boyz

Mailing Address 36 Bisbee Ct

City State Zip Code
Santa Fe NM 87508-1338

Purpose of Disbursement
Water Service
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼
 State: District:

Transaction ID: D109119
Date of Disbursement

/ /

Amount of Each Disbursement this Period

70.16

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Water Boyz

Mailing Address 36 Bisbee Ct

City State Zip Code
Santa Fe NM 87508-1338

Purpose of Disbursement
Water Service
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼
 State: District:

Transaction ID: D109120
Date of Disbursement

/ /

Amount of Each Disbursement this Period

54.55

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

124.71

TOTAL This Period (last page this line number only)

354512.87

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 109 / 112

☐ 17 ☐ 18 ☒ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

People for Ben

A.

Full Name (Last, First, Middle Initial)

Mr. Ben Ray Lujan

Mailing Address 05 Entrada Celedon Y Nestora

City
Santa Fe

State
NM

Zip Code
87506-9740

Purpose of Disbursement
Loan Pay off

Candidate Name
Mr. Ben Ray Lujan

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NM District: 03

Transaction ID: D189681

Date of Disbursement

/ /

Amount of Each Disbursement this Period

49993.06

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

49993.06

TOTAL This Period (last page this line number only)

49993.06

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 110 / 112

☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
People for Ben

A. Full Name (Last, First, Middle Initial) Steve Crout	Transaction ID: D108805 Date of Disbursement
Mailing Address 19026 Coton Farm Ct	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 0 8</div> </div>
City Leesburg State VA Zip Code 20176-1617	Amount of Each Disbursement this Period
Purpose of Disbursement Refunded CONTRIBUTION	<div> <div>60.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Mickey Ibarra	Transaction ID: D108803 Date of Disbursement
Mailing Address 1140 Connecticut Ave NW Ste 1100	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20036-4007	Amount of Each Disbursement this Period
Purpose of Disbursement Refunded CONTRIBUTION	<div> <div>1000.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Patty Maki	Transaction ID: D108804 Date of Disbursement
Mailing Address 118 W San Mateo Rd	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 0 8</div> </div>
City Santa Fe State NM Zip Code 87505-4732	Amount of Each Disbursement this Period
Purpose of Disbursement Refunded CONTRIBUTION	<div> <div>100.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1160.00

TOTAL This Period (last page this line number only)

1160.00

SCHEDULE C (FEC Form 3)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 111 / 112

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

People for Ben

Transaction ID: L167

LOAN SOURCE Full Name (Last, First, Middle Initial)
Mr. Ben Ray Lujan

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 05 Entrada Celedon Y Nestora

City Santa Fe State NM ZIP Code 87506-9740

Original Amount of Loan

150000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

150000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 5D D
1 9Y Y Y Y
2 0 0 8

05/16/2009

7.00 % (apr)

☒ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)
Mr. Ben Ray LujanName of Employer
State of New MexicoMailing Address
05 Entrada Celedon Y NestoraOccupation
PRC

City Santa Fe State NM ZIP Code 87506-9740

Amount
Guaranteed Outstanding: 150000.00

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

150000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 112 / 112

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

People for Ben

Transaction ID: L168

LOAN SOURCE Full Name (Last, First, Middle Initial)
Mr. Ben Ray Lujan

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 05 Entrada Celedon Y Nestora

City Santa Fe State NM ZIP Code 87506-9740

Original Amount of Loan

50000.00

Cumulative Payment To Date

49993.06

Balance Outstanding at Close of This Period

6.94

TERMS

Date Incurred

M M
1 2D D
0 6Y Y Y Y
2 0 0 7

Date Due

12/06/2008

Interest Rate

5.00

% (apr)

Secured:

☒ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)
Mr. Ben Ray LujanName of Employer
State of New MexicoMailing Address
05 Entrada Celedon Y NestoraOccupation
PRC

City Santa Fe State NM ZIP Code 87506-9740

Amount
Guaranteed Outstanding: 50000.00

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

6.94

TOTALS This Period (last page in this line only) ▶

150006.94

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.