

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

C0034550 101998
 CYNTHIA M RHODES
 E SHIRLEY BACA FOR CONGRESS
 1005 BYCANORE DR
 LAS CRUCES

 NM 88003 CT
 NH / 02

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2. FEC IDENTIFICATION NUMBER
 C0034550

3. IS THIS REPORT AN AMENDMENT?
 YES NO

4. TYPE OF REPORT

April 15 Quarterly Report 12-Day Pre-Election Report for the _____ (Type of Election)
 July 15 Quarterly Report election on _____ in the State of _____
 October 15 Quarterly Report 30-Day Post-Election Report following the General Election
 January 31 Year End Report on 11/3/98 in the State of New Mexico
 July 31 Mid-Year Report (Non-election Year Only) Termination Report

This report contains activity for Primary Election General Election Special Election Runoff Election

SUMMARY

5. Covering Period <u>10/15/98</u> through <u>11/23/98</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	41,540.04	222,915.85
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	41,540.04	222,915.85
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	63,429.94	251,187.35
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	63,429.94	251,187.35
8. Cash on Hand at Close of Reporting Period (from Line 27)	538.38	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule G and/or Schedule D)	-0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	8,369.64	

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: Cynthia M. Rhodes

Signature of Treasurer: *Cynthia M. Rhodes* Date: 11/25/98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (In full)	Report Covering the Period:	
E. Shirley Baca for Congress	From: 10/15/98	To: 11/23/98
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) -----	19,854.34	
(ii) Unitemized -----	11,494.00	
(iii) Total of contributions from individuals -----	31,348.34	138,689.15
(b) Political Party Committees -----	441.70	441.70
(c) Other Political Committees (such as PACs) -----	9,750.00	83,750.00
(d) The Candidate -----		35.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(ii), (b), (c) and (d)) -----	41,540.04	222,915.85
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----		
13. LOANS:		
(a) Made or Guaranteed by the Candidate -----		
(b) All Other Loans -----		
(c) TOTAL LOANS (add 13(a) and (b)) -----		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----		
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----		
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----	41,540.04	222,915.85
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES -----	63,429.94	251,187.35
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES -----		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate -----		
(b) Of All Other Loans -----		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees -----		
(b) Political Party Committees -----		
(c) Other Political Committees (such as PACs) -----		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----		
21. OTHER DISBURSEMENTS -----		5,450.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----	63,429.94	256,637.35

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$ 22,428.28	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$ 41,540.04	24
25. SUBTOTAL (add Line 23 and Line 24) -----	\$ 63,968.32	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$ 63,429.94	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$ 538.38	27

SCHEDULE A

ITEMIZED RECEIPTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

E. Shirley Baca for Congress

A. Full Name, Mailing Address and ZIP Code Aguirre, Stephen A. P.O. Drawer 2276 Las Cruces, NM 88004	Name of Employer Self	Date (month, day, year) 10/15/98	Amount of Each Receipt This Period 200.00
	Occupation Contractor/Construction Aggregate Year-to-Date > \$ 760.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Asprey, Larned 13 Lebanon Arc Las Cruces, NM 88005	Name of Employer Retired	Date (month, day, year) 11/2/98	Amount of Each Receipt This Period 500.00
	Occupation Retired Aggregate Year-to-Date > \$ 500.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Asprey, Margaret W. 13 Lebanon Arc Las Cruces, NM 88005	Name of Employer Retired	Date (month, day, year) 10/27/98	Amount of Each Receipt This Period 100.00
	Occupation Retired Aggregate Year-to-Date > \$ 720.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Baca, Narciso H. 1501 Boutz Rd. Las Cruces, NM 88001	Name of Employer Retired	Date (month, day, year) 10/27/98	Amount of Each Receipt This Period 100.00
	Occupation Retired Aggregate Year-to-Date > \$ 300.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Bingaman, Jeff 5028 Overlook Rd., NW Washington, DC 20010	Name of Employer US Government	Date (month, day, year) 10/26/98	Amount of Each Receipt This Period 500.00
	Occupation US Senator Aggregate Year-to-Date > \$ 500.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Bobbs, Elspeth G. 630 East Alameda Santa Fe, NM 87501	Name of Employer Retired	Date (month, day, year) 10/17/98	Amount of Each Receipt This Period 500.00
	Occupation Retired Aggregate Year-to-Date > \$1,000.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Casey, Patricia A. P.O. Box 2232 Santa Fe, NM 87504	Name of Employer Self	Date (month, day, year) 10/26/98	Amount of Each Receipt This Period 200.00
	Occupation Attorney Aggregate Year-to-Date > \$ 200.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) 2,100.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 11
FOR LINE NUMBER 11 a i

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

E. Shirley Baca for Congress

A. Full Name, Mailing Address and ZIP Code Cebalios, Salome P.O. Box 2815 Las Cruces, NM 88004	Name of Employer Senator Jeff Bingaman Occupation IC Office Manager	Date (month, day, year) 10/30/98	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 230.00	
B. Full Name, Mailing Address and ZIP Code Chavez, Genevieve D. 700 Watson Ln. Las Cruces, NM 88005	Name of Employer Self Occupation Homemaker	Date (month, day, year) 10/23/98	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 330.00	
C. Full Name, Mailing Address and ZIP Code Conant, Kristin 93 Strawberry Hill Rd. Acton, MA 01720	Name of Employer Self Occupation Homemaker	Date (month, day, year) 10/23/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code Davis, Helen 1909 Burke Rd. Las Cruces, NM 88005	Name of Employer Las Cruces Public Schools Occupation Teacher	Date (month, day, year) 10/27/98 10/27/98	Amount of Each Receipt this Period 75.00 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 400.00	
E. Full Name, Mailing Address and ZIP Code Duhigg, David 1750 Shadyside Dr., SW Albuquerque, NM 87105	Name of Employer Self Occupation Attorney	Date (month, day, year) 10/26/98	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 450.00	
F. Full Name, Mailing Address and ZIP Code Durkovich, Karen A. 1737 Lafayette Dr., NE Albuquerque, NM 87106	Name of Employer Self Occupation Attorney	Date (month, day, year) 11/7/98	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 750.00	
G. Full Name, Mailing Address and ZIP Code Durkovich, Stephen G. 1737 Lafayette Dr., NE Albuquerque, NM 87106	Name of Employer Self Occupation Attorney	Date (month, day, year) 11/7/98	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional)

2,125.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 11
FOR LINE NUMBER 11 a i

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

E. Shirley Baca for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Egan, Martha J. P.O. Box 1333 Corrales, NM 87048	Self	10/19/98	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Artist	Aggregate Year-to-Date: \$ 200.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ewing, Steve 3401 Rio Grande, NW Albuquerque, NM 87107	Self	10/23/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney	Aggregate Year-to-Date: \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Fidel, Joseph P.O. Box 968 Grants, NM	Self	10/19/98	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney	Aggregate Year-to-Date: \$ 600.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Flemming, Roger 1022 Elm St., #D Las Cruces, NM 88005	ES Baca for Congress	10/16/98	530.94
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Campaign Manager	Aggregate Year-to-Date: \$ 835.19	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Flores, Raymond Box 511 Cloudcroft, NM	White Sands Missile Range	10/19/98	115.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Computer Specialist	Aggregate Year-to-Date: \$ 515.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Garcia, David P. 663 Washington, No. 10 Santa Fe, NM 87501	Self	10/30/98	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney	Aggregate Year-to-Date: \$ 200.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gonzales, DAN A. 1155 S. Telshor Blvd., Suite 302A Las Cruces, NM 88011	Self	10/28/98	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney	Aggregate Year-to-Date: \$ 500.00	

SUBTOTAL of Receipts This Page (optional)

2,645.94

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 11

FOR LINE NUMBER 11 a i

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

E. Shirley Baca for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Grossman, George A. 1391 Santa Rosa Dr. Santa Fe, NM 87505-3491	Retired	10/21/98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$200.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hadley, Tracy 5036 Modoc Trail Las Cruces, NM 88011	NM Cardiovascular Assoc.	10/23/98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician Assistant	Aggregate Year-to-Date > \$200.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hoshimi-Wilkes, Marie 1300 N. Park Dr. Las Cruces, NM 88005	Self	10/30/98	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Acupuncturist	Aggregate Year-to-Date > \$450.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hoyt, Michael 221 W. Greening Ave. Las Cruces, NM 88005	Retired	10/23/98 10/27/98	100.00 150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$450.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hutchison, Frank L. 1965 Corbett Dr. Las Cruces, NM 88001	Retired	10/21/98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 700.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Johnsoll, Ada Vinyard 218 S. Iron Deming, NM 88030	Retired	10/15/98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$200.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jones, Lois W. 1191 John Rd. Beien, NM 87002	Retired	10/26/98	25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$225.00	

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 11
FOR LINE NUMBER 11a1

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

E. Shirley Baca for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kist, Joseph 2956 Valle Vista Las Cruces, NM 88011	Retired	10/22/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		
	Aggregate Year-to-Date	\$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Krehbiel, Paul 705 Fitch Socorro, NM 87801	New Mexico Tech	10/22/98	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Professor		
	Aggregate Year-to-Date	\$ 300.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kron, Kristin 515 Tulane Pl, NE Albuquerque, NM 87106	Dr. Davis	11/2/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Office Manager		
	Aggregate Year-to-Date	\$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LaPointe, Judith 2035 Thomas Dr. Las Cruces, NM 88001	State of New Mexico	10/26/98 10/27/98	100.00 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Labor Enforcement		
	Aggregate Year-to-Date	\$ 200.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Massey, Pamela W. 1299 San Ildefonso Los Alamos, NM 87544	Los Alamos National Laboratories	10/21/98 10/29/98	250.00 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Project Administrator		
	Aggregate Year-to-Date	\$ 750.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Massey, Robert S. 1299 San Ildefonso Los Alamos, NM 87544	Los Alamos National Laboratories	10/29/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physicist		
	Aggregate Year-to-Date	\$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leger, Ernie 1515 Lomas Blvd., NW Albuquerque, NM 87104	Self	11/17/98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		
	Aggregate Year-to-Date	\$ 200.00	

SUBTOTAL of Receipts This Page (optional)

2,350.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 11
FOR LINE NUMBER 11 3 1

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

E. Shirley Baca for Congress

A. Full Name, Mailing Address and ZIP Code McConnell, Mary A. P.O. Box 22694 Santa Fe, NM 87502-2694 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 10/26/98	Amount of Each Receipt this Period 100.00
	Occupation Attorney Aggregate Year-to-Date > \$ 600.00		
B. Full Name, Mailing Address and ZIP Code McElroy, Joseph Todd 116 E. Santa Fe Ave. Santa Fe, NM 87501 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Los Alamos National Laboratories	Date (month, day, year) 10/26/98	Amount of Each Receipt this Period 250.00
	Occupation Quality Assurance Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code Meaders, Donald 4047 Anderson Ave., SE Albuquerque, NM 87108 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 10/29/98	Amount of Each Receipt this Period 250.00
	Occupation Commercial Carpenter Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code Meyers, Matthew J. HC 66, Box 109 Hillsboro, NM 88042 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired	Date (month, day, year) 10/15/98 10/26/98	Amount of Each Receipt this Period 40.40 150.00
	Occupation Retired Aggregate Year-to-Date > \$ 241.40		
E. Full Name, Mailing Address and ZIP Code Nieto, Martha 2309 Terrace Ct. Las Cruces, NM 88011 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired	Date (month, day, year) 10/30/98	Amount of Each Receipt this Period 500.00
	Occupation Retired Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code Nurod, Pasqual 1810 Calle de Sebastian, D-3 Santa Fe, NM 87501-1888 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 10/26/98	Amount of Each Receipt this Period 250.00
	Occupation Retail Store Owner Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code O'Friel, Daniel J. P.O. Box 2084 Santa Fe, NM 87504 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 10/30/98	Amount of Each Receipt this Period 200.00
	Occupation Attorney Aggregate Year-to-Date > \$ 200.00		

SUBTOTAL of Receipts This Page (optional) 1,740.40

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 11
FOR LINE NUMBER 11 a i

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
E. Shirley Baca for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ortiz, Patricia S. 301 Mechem, No. 5 Ruidoso, NM 88345	Self	10/27/98	100.00
	Attorney	10/27/98 10/28/98	100.00 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Retired	10/27/98 10/27/98	25.00 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 660.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Retired	10/26/98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 550.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Retired	10/27/98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 225.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Self	10/27/98 10/31/98	100.00 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Retired	10/26/98	150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Self	10/26/98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 350.00		

SUBTOTAL of Receipts This Page (optional) 1,075.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 8 OF 11
FOR LINE NUMBER 11 a i

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

E. Shirley Baca for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Porter, Katherine A. 1816 Stanton Ave. Las Cruces, NM 88001	Las Cruces Public Schools	10/30/98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Teacher	Aggregate Year-to-Date > \$ 405.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Pueblo of Laguna P.O. Box 194 Old Laguna, NM 87026		10/31/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Regulinski, Thaddus L. 19 Babbling Brook Rd. Silver City, NM 88061	Arizona State Univ.	10/19/98	400.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Professor	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Richardson, Sandra P.O. Box 13822 Albuquerque, NM 87192-3822	Self	10/24/98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Legal Consultant	Aggregate Year-to-Date > \$ 200.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Rigsby, Linda Lane P.O. Box 44 Embudo, NM 87531	Self	10/19/98 10/26/98	100.00 150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	Aggregate Year-to-Date > \$ 650.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Rios, Benjamin 233 S. San Pedro Las Cruces, NM 88001	Retired	10/23/98	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 400.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Silva, Tamara C. 3230 La Mancha, NW Albuquerque, NM 87104	Self	10/31/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional) 2,150.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 9 OF 11
FOR LINE NUMBER 11 a i

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

B. Shirley Baca for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Simon, Eugene A. HCR 71, Box 1215 Faywood, NM 88034	Retired	10/19/98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 600.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stefanics, Elizabeth P.O. Box 10127 Santa Fe, NM 87504	Self	10/26/98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Political Consultant/Lobbyist	Aggregate Year-to-Date > \$ 200.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stericker, Anne Bradford 4642 N. Paseo Pitiquito Tucson, AZ	Self	10/19/98	700.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Psychologist	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stewart, Mimi 313 Moon St., NE Albuquerque, NM 87123	Albuquerque Public Schools	10/21/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Teacher	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Teague, T. Harry P.O. Box 1975 Hobbs, NM 88241-1975	Self / Teabro Service & Supply Co.	10/15/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tillman, Karen S. P.O. Box 7579 Ruidoso, NM 88345	Self	11/3/98	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Psychologist	Aggregate Year-to-Date > \$ 200.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Topmiller, Vic, Jr. P.O. Box 1291 Silver City, NM 88062	Self	10/19/98 11/2/98	100.00 198.00--In Kind (Advertising)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Developer	Aggregate Year-to-Date > \$ 548.00	

SUBTOTAL of Receipts This Page (optional) 1,898.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 10 OF 11
FOR LINE NUMBER 11 a 1

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

E. Shirley Baca for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stanley, Ken 96 Lindley Terrace Williamstown, MA 01267	William & Mary College	11/23/98	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Professor	Aggregate Year-to-Date > \$ 200.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Vigil, Isabel 2810 N. Telshor Las Cruces, NM 88011	Self	11/2/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Medical Doctor	Aggregate Year-to-Date > \$ 750.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Whitaker, Donald L. P.O. Box 556 Eunice, NM 88231	Self	10/23/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oil Producer	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Winslow, Kathleen M. 3613 San Rio, NW Albuquerque, NM 87107	Retired	10/26/98	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 200.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wood, Diane 505 Ridgecrest Dr., SE Albuquerque, NM 87106	Self	10/22/98 10/30/98	25.00 20.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Lobbyist	Aggregate Year-to-Date > \$ 645.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wooten, Thomas H. P.O. Box 3574 Las Cruces, NM 88003	Retired	10/21/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 1,500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Zusman, Barbara 1293 Este Ln. Santa Fe, NM 87501	Self	10/26/98	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Artist	Aggregate Year-to-Date > \$ 200.00	

SUBTOTAL of Receipts This Page (optional)

1,895.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 11 OF 11
FOR LINE NUMBER 11 a i

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

E. Shirley Baca for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Katherine Slick P.O. Box 2184 Las Vegas, NM 87701	Self	11/5/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	Aggregate Year-to-Date	\$1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	\$
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	\$
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	\$
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	\$
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	\$
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	\$

SUBTOTAL of Receipts This Page (optional)

1,000.00

TOTAL This Period (last page this line number only)

19,854.34

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11 b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purpose, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

E. Shirley Baca for Congress

A. Full Name, Mailing Address and ZIP Code Democratic Women of Chaves County P.O. Box 2935 Roswell, NM 88201 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/23/98	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Eddy County Democratic Party 818 N. Canal Carlsbad, NM 88220 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 191.70	Date (month, day, year) 10/31/98	Amount of Each Receipt this Period 191.70 In Kind (Radio Advertising)
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

441.70

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 11 c

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

E. Shirley Baca for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
American Dental PAC 1111 - 14th St., NW, Suite 1100 Washington, DC 20005		11/7/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
BPW / PAC 2012 Massachusetts Ave., NW Washington, DC 20036		10/29/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
CWA-COPE PCC 501 - 3rd St., NW Washington, DC 20001		11/2/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Handgun Control/Voter Education Fund 1225 Eye St., NW, Suite 1100 Washington, DC 20005		10/26/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Hispanic PAC, USA Inc. 1215 - 17th St., NW Washington, DC 20036		10/23/98	2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
I.B.E.W. - C.O.P.E. 1125 - 15th St., NW Washington, DC 20005		10/29/98	1,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 6,500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Leadership for Today & Tomorrow 7400 Beverly Blvd. Los Angeles, CA 90036		10/27/98	2,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,500.00	

SUBTOTAL of Receipts This Page (optional) 8,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2
FOR LINE NUMBER 11 c

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

E. Shirley Baca for Congress

A. Full Name, Mailing Address and ZIP Code United Association Political Education 901 Massachusetts Ave., NW Washington, DC 20001-4397 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Committee Occupation Aggregate Year-to-Date \$ 1,000.00	Date (month, day, year) 10/19/98	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

1,000.00

TOTAL This Period (last page this line number only)

9,750.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 8
FOR LINE NUMBER 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

E. Shirley Baca for Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Printing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/23/98	Amount of Each Disbursement This Period 718.58
B. Full Name, Mailing Address and ZIP Code Bannon Research 80 F. Street, NW, Suite 804 Washington, DC 20001	Purpose of Disbursement Commission paid on Radio Advertising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/16/98 10/26/98	Amount of Each Disbursement This Period 923.70 1,035.55
C. Full Name, Mailing Address and ZIP Code Bannon Research 80 F Street, NW, Suite 804 Washington, DC 20001	Purpose of Disbursement Poll Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/30/98	Amount of Each Disbursement This Period 5,000.00
D. Full Name, Mailing Address and ZIP Code Big Boy Ice Cream Concessions 2309 Bassett Ave. El Paso, TX 79901	Purpose of Disbursement Truck Rental Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/30/98	Amount of Each Disbursement This Period 400.00
E. Full Name, Mailing Address and ZIP Code Ben Birchfield 1018 S. Main Las Cruces, NM 88005	Purpose of Disbursement Rent (partial month) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/2/98	Amount of Each Disbursement This Period 600.00
F. Full Name, Mailing Address and ZIP Code BlueSky, Cetan P.O. Box 1124 Dona Ana, NM 88032	Purpose of Disbursement Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/15/98 11/2/98	Amount of Each Disbursement This Period 435.16 435.16
G. Full Name, Mailing Address and ZIP Code BlueSky, Cetan P.O. Box 1124 Dona Ana, NM 88032	Purpose of Disbursement Travel Expense Reimbursement (gasoline/food) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/15/98 11/10/98	Amount of Each Disbursement This Period 59.52 136.93
H. Full Name, Mailing Address and ZIP Code Ermit Brooks Recording Studio 115 East Idaho Ave. Las Cruces, NM 88005	Purpose of Disbursement Studio Time -- Recording for Advertising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/19/98 11/3/98	Amount of Each Disbursement This Period 73.13 274.98
I. Full Name, Mailing Address and ZIP Code Brotherton, Lynda 132 Romero #23 Santa Fe, NM 87501	Purpose of Disbursement Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/15/98 11/2/98 11/4/98	Amount of Each Disbursement This Period 460.95 545.59 173.15
SUBTOTAL of Disbursements This Page (optional)			11,272.40
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 8
FOR LINE NUMBER 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

E. Shirley Baca for Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Carlsbad Current Argus 620 S. Main Carlsbad, NM 88220	Advertisement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/98	530.94
B. Full Name, Mailing Address and ZIP Code Ceballos, Ruben P. O. Box 1018 Mesilla, NM 88046	Purpose of Disbursement Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/98 11/2/98	666.22 666.22
C. Full Name, Mailing Address and ZIP Code Ceballos, Ruben P.O. Box 1018 Mesilla, NM 88046	Purpose of Disbursement Travel Expense Reimbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/98 11/10/98	33.29 408.51
D. Full Name, Mailing Address and ZIP Code City of Las Cruces P.O. Drawer CLC Las Cruces, NM 88004	Purpose of Disbursement Park Rental Fee Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/22/98	25.00
E. Full Name, Mailing Address and ZIP Code Community First National Bank 201 N. Church St. Las Cruces, NM 88001	Purpose of Disbursement Service Charges 940 & 941 Deposits Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/98 10/30/98 11/17/98	31.81 148.77 2,735.66
F. Full Name, Mailing Address and ZIP Code Democratic Party of Dona Ana County P.O. Box 879 Las Cruces, NM 88004-0879	Purpose of Disbursement Candidate's Portion of Victory Party Expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/3/98	150.00
G. Full Name, Mailing Address and ZIP Code Door, Diane 1224 Avenida de Quintas Las Cruces, NM 88005	Purpose of Disbursement Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/98 11/2/98	223.41 259.20
H. Full Name, Mailing Address and ZIP Code Fleming, Roger 1022 Elm St., #D Las Cruces, NM 88005	Purpose of Disbursement Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/98 11/2/98	618.62 618.62
I. Full Name, Mailing Address and ZIP Code Folsom, Stacy 2002 S. Solano Las Cruces, NM 88001	Purpose of Disbursement Contract Labor as SE Regional Coordinator Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/98	1,000.00
SUBTOTAL of Disbursements This Page (optional)			8,116.27
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 8
FOR LINE NUMBER 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

E. Shirley Baca for Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Fraioli, Inc. 80 F. St. NW, #804 Washington, DC 20001	Fundraising Consulting Services Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/98	1,536.39
Norman Fristoe, CPA, PA 780 E. Walnut, Bldg. 6 Las Cruces, NM 88001	Accounting Services Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/98 11/10/98	25.80 101.06
Garcia, M. Jean 3860 Coral Rd., Apt. #7 Las Cruces, NM 88005	Salary Postage Expense Reimb. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/98 11/2/98 10/22/98	504.69 504.69 56.00 exp.
Gustafson, J. Henry 132 W. Las Cruces Ave. Las Cruces, NM 88001	Rent Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/98	225.00
KARS AM Radio P.O. Box 860 Belen, NM 87002	Radio Advertising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/98	484.50
KLMA FM Radio 108 S. Willow Hobbs, NM 88240	Radio Advertising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/98	305.28
KRDD AM Radio P.O. Box 1615 Roswell, NM 88021	Radio Advertising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/98	470.30
KALY Radio P.O. Box 6492 Albuquerque, NM 87197	Radio Advertising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/98	609.84
Z-74 Radio P.O. Box 1479 Carlsbad, NM 88221	Radio Advertising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/98	203.88
SUBTOTAL of Disbursements This Page (optional)			5,027.43
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 8
FOR LINE NUMBER 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

E. Shirley Baca for Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
KSSR AM Radio AC 69, Box 78 Santa Rosa, NM 88435	Radio Advertising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/98	254.70
KNOW FM Radio 106 S. Bullard St. Silver City, NM 88061	Radio Advertising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/98	381.25
KOBR TV 124 E. 4th St. Roswell, NM 88201	TV Advertising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/98	1,086.30
KBIN TV 214 N. Main Roswell, NM 88201	TV Advertising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/98	2,396.25
KVLC Radio 105 E. Idaho #B Las Cruces, NM 88005	Radio Advertising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28/98	229.77
KMIN Radio 733 Roosevelt Blvd. Grants, NM 87020	Radio Advertising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28/98	191.14
KPER FM Radio 1423 Binder Hobbs, NM 88240	Radio Advertising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28/98	251.35
KZDR FM Radio 619 Turner Hobbs, NM 88240	Radio Advertising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28/98	358.87
KSVP AM 317 W. Quay Artesia, NM 88210	Radio Advertising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28/98	229.37

SUBTOTAL of Disbursements This Page (optional)

5,379.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 8
FOR LINE NUMBER 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

E. Shirley Baca for Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
KMXQ FM Radio 834 Hwy. 60 West Socorro, NM 87901	Radio Advertising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28/98	170.20
KSCQ FM Radio P.O. Box 1351 Silver City, NM 88062	Radio Advertising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28/98	381.25
KHVR FM Radio 1832 W. Amador Las Cruces, NM 88005	Radio Advertising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28/98	390.61
KZZX FM Radio P.O. Box 618 Alamogordo, NM 88311-0618	Radio Advertising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28/98	486.46
KROL FM 277 E. Amador Las Cruces, NM 88001	Radio Advertising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28/98	204.24
KINT FM 5426 N. Mesa El Paso, TX 79912	Radio Advertising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28/98	1,200.00
KSNM Radio 1355 California Las Cruces, NM 88001	Radio Advertising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28/98	259.30
KCCC Radio 980 N. Canal Carlsbad, NM 88220	Radio Advertising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/98	178.40
KINT TV 26 5426 N. Mesa El Paso, TX 79912	TV Advertising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/98	3,170.50

SUBTOTAL of Disbursements This Page (optional)

6,442.96

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 6 OF 8
FOR LINE NUMBER 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

E. Shirley Baca for Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kelso, Judy P.O. Box 5000 Las Cruces, NM 88006	Commission for Fund-raising Contract	10/19/98	250.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	11/2/98	250.00
	<input type="checkbox"/> Other (specify)	11/6/98	821.25
Kelso, Judy P.O. Box 5000 Las Cruces, NM 88006	Commission/Fundraising Sodas/Cups/Exp. Reimb.	11/4/98	821.25
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	11/10/98	41.44 exp
	<input type="checkbox"/> Other (specify)		
Mendoza, Felipe 1135 Monte Vista #7 Las Cruces, NM 88001	Salary	10/15/98	276.65
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	11/2/98	276.65
	<input type="checkbox"/> Other (specify)		
NM Dept of Labor Box 2281 Albuquerque, NM 87103	Quarterly Unemployment	10/30/98	502.02
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
NM Taxation & Revenue Dept. Box 630 Santa Fe, NM 87509	Workmen's Comp. Assessment	10/30/98	176.40
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
Office Max 2561 E. Lohman Las Cruces, NM 88011	Office Supplies	10/22/98	130.92
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
The Print Factory 600 S. Solano Las Cruces, NM 88001	Printing	10/29/98	392.11
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	11/10/98	123.40
	<input type="checkbox"/> Other (specify)		
The Print Shop 1114 Espanola Las Cruces, NM 88001	Printing	10/19/98	5,414.19
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	11/3/98	117.01
	<input type="checkbox"/> Other (specify)		
Purple Sage Catering 1720 Avenida de Mesilla Las Cruces, NM 88005	Catering Food for Fundraiser	10/27/98	1,232.36
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

10,825.65

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 7 OF 8
FOR LINE NUMBER 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

E. Shirley Baca for Congress

A. Full Name, Mailing Address and ZIP Code	Expense	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Rico, Maura 320 W. Railroad Ave. Lordsburg, NM 88045	Reimb-- Copies & Signatures	Contract Labor as SW Regional Coordinator	11/2/98	1,000.00
		Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/98	30.48exp
B. Full Name, Mailing Address and ZIP Code Rossi, Giovanna 719 Copper, NW Albuquerque, NM 87102		Salary	10/15/98	462.69
		Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/98	482.69
			11/4/98	159.15
C. Full Name, Mailing Address and ZIP Code Shy, Ruth 9626 Salem Rd, NE Albuquerque, NM 87112		Salary	10/15/98	1,292.75
		Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/98	1,292.75
			11/10/98	415.58
D. Full Name, Mailing Address and ZIP Code Shy, Ruth 9626 Salem Rd., NE Albuquerque, NM 87112		Purpose of Disbursement Expenses Reimb.--Gas/Copies/Phone/ Office Supplies/Maps	11/10/98	291.03
		Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code Solliday, Olivia 2600 E. Idaho #142 Las Cruces, NM 88001		Salary	10/15/98	309.10
		Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/98	243.80
			11/10/98	94.20
F. Full Name, Mailing Address and ZIP Code Statewide Information Systems 1990 Third St., Suite 450 Sacramento, CA 95814		Walk J.iate	10/19/96	614.80
		Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code TCI Media Services 110 East Idaho Las Cruces, NM 88001		Media Production Costs for TV / Cable Use	10/20/98	2,356.19
		Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/98	26.59
			10/28/98	186.56
			11/10/98	36.60
H. Full Name, Mailing Address and ZIP Code Telstar Communications P.O. Box 2019 Las Cruces, NM 88004		Long Distance Phone Service	10/19/98	1,196.48
		Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/98	1,776.66
I. Full Name, Mailing Address and ZIP Code U.S. Postal Service 201 E. Las Cruces Ave. Las Cruces, NM 88001		Postage	10/15/98	314.00
		Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/98	300.00
			10/23/98	96.00
			10/28/98	160.00

SUBTOTAL of Disbursements This Page (optional)

13,158.10

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 8 OF 8
FOR LINE NUMBER 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

E. Shirley Baca for Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
US West Communications P.O. Box 29060 Phoenix, AZ 85038-9060	Phone Service	10/15/98	718.58
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/3/98	550.21
Valencia County Democratic Party P.O. Box 613 Belen, NM 87002	Brochures and Mailing Costs	11/3/98	250.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Scott Weaver Photography 4400 Weaver Trail Las Cruces, NM 88012	Photography / Pictures for Ads	10/19/98	292.53
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Williams, Matthew 715 Kelli Circle Las Cruces, NM 88005	Salary	10/15/98	161.61
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/98	161.61
Vic Topmiller, Jr. P.O. Box 1291 Silver City, NM 88062	Advertising -- In Kind	11/2/98	198.00 In Kind
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Eddy County Democratic Party 818 N. Canal Carlsbad, NM 88220	Radio Advertising -- In Kind	10/31/98	191.70 In Kind
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	2,524.24
TOTAL This Period (last page this line number only)	62,746.05


DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
E. Shirley Baca for Congress				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor E. Shirley Baca 1501 Boutz Rd. Las Cruces, NM 88001	3,052.06	1,495.52	0	4,547.58
Nature of Debt (Purpose): Fundraiser Costs/ Travel Exp./Postage/Office Exp./Phone				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Praioli, Inc. 80 F Street NW, #804 Washington, DC 20001	0	3,051.52	1,536.39	1,515.13
Nature of Debt (Purpose): Fundraising Contract				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Ruth Shy 9626 Salem Rd., NE Albuquerque, NM 87112	0	3,451.10	3,220.11	230.99
Nature of Debt (Purpose): Expenses Travel Exp./Gas/Postage/Copies/Shipping				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Computer Solutions 114 N. Campo Las Cruces, NM 88001	0	320.71	0	320.71
Nature of Debt (Purpose): Computer parts and repair				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor The Print Shop 1114 Espanola Las Cruces, NM 88001	0	6,786.43	5,531.20	1,255.23
Nature of Debt (Purpose): Printing				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Stacey Polson 2002 S. Solano Las Cruces, NM 88001	0	1,500.00	1,000.00	500.00
Nature of Debt (Purpose): Salary				
1) SUBTOTALS This Period This Page (optional)				
2) TOTALS This Period (last page in this line only)				8,369.64
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				0
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				8,369.64

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 12/01/98
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	12/01/98 DATE PREPARED