

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER  
11A1

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**NAME OF COMMITTEE (In Full)**  
**DEMOCRATIC PARTY OF NEW MEXICO**

Full Name, Mailing Address, and ZIP Code DR. HOMER J LEMAR 4112 CHERRYDALE CT. NW ALBUQUERQUE NM 87107	Name of Employer SELF	Date (month, day, year) 10/20/1998	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation DOCTOR	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code JILLIE MCCARY 225 CANYON ROAD SUITE 6 SANTA FE NM 87501	Name of Employer RESEARCH IN PROGRESS	Date (month, day, year) 11/04/1998	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date > \$ 1000.00	
Full Name, Mailing Address, and ZIP Code MARGARET MOSES BRANCH 8035 RIO GRANDE NW ALBUQUERQUE NM 87107	Name of Employer SELF	Date (month, day, year) 11/04/1998	Amount of Each Receipt this Period 5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 5000.00	
Full Name, Mailing Address, and ZIP Code SHIRLEY NEFF 1445 Q ST. NW WASHINGTON DC 20009	Name of Employer SHELL OIL CO	Date (month, day, year) 10/23/1998	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation ADMINISTRATOR	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code GIFFORD PHILLIPS 8530 WILSHIRE BLVD. SUITE 600 BEVERLY HILLS CA 90211	Name of Employer	Date (month, day, year) 10/20/1998	Amount of Each Receipt this Period 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	
Full Name, Mailing Address, and ZIP Code RACHEL ROSEN 1283 ESTE LN SANTA FE NM 87501	Name of Employer RETIRED	Date (month, day, year) 10/20/1998	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date > \$ 1000.00	
Full Name, Mailing Address, and ZIP Code PAMELA R SAUNDERS-ALBIN 11 ALICE CIR SANTA FE NM 87501	Name of Employer SELF	Date (month, day, year) 10/20/1998	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation REAL ESTATE	Aggregate Year-to-Date > \$ 500.00	

**SUBTOTALS** of Receipts This Page (Optional) .....

**TOTALS** This Period (last page this line number only) .....