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|-------------------|--------------------------|---|-------------------------------|
| SCHEDULE A | ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | 4 / 8 |
| | | | FOR LINE NUMBER 11A |

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NAME OF COMMITTEE (In Full)
Bob Anderson for Congress

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|---|---|---------------------------------------|--|
| Full Name, Mailing Address, and ZIP Code Doreen Bunting 5021 Guadalupe Trail NW Albuquerque NM 87107 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Retired Occupation Aggregate Year-to-Date > \$ 250.00 | Date (month, day, year) 09/03/1998 | Amount of Each Receipt this Period 250.00 |
| Full Name, Mailing Address, and ZIP Code Peter Petrella PO Box 744 Sandia Park NM 87047 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Albuquerque Printing Occupation Printing Press Operator Aggregate Year-to-Date > \$ 200.00 | Date (month, day, year) 09/03/1998 | Amount of Each Receipt this Period 200.00 |
| Full Name, Mailing Address, and ZIP Code Steven Clark 10401 Haywood Dr. Silver Spring MD 20902 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Self Occupation Writer Aggregate Year-to-Date > \$ 500.00 | Date (month, day, year) 09/10/1998 | Amount of Each Receipt this Period 250.00 |
| Full Name, Mailing Address, and ZIP Code Robert M. Bernstein 1450 Paseo Norteño Santa Fe NM 87505 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Self Occupation Physician Aggregate Year-to-Date > \$ 250.00 | Date (month, day, year) 09/14/1998 | Amount of Each Receipt this Period 250.00 |
| Full Name, Mailing Address, and ZIP Code Jen Wordan 3020 Carleta Rd NW Albuquerque NM 87104 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Self Occupation Fire Systems Technician Aggregate Year-to-Date > \$ 950.00 | Date (month, day, year) 09/15/1998 | Amount of Each Receipt this Period 200.00 |
| Full Name, Mailing Address, and ZIP Code Sam Hitt PO Box 1543 Santa Fe NM 87504 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Forest Guardians Occupation Environmentalist Aggregate Year-to-Date > \$ 500.00 | Date (month, day, year) 09/16/1998 | Amount of Each Receipt this Period 500.00 |
| Full Name, Mailing Address, and ZIP Code Eilsebeth Jean Wood 38 Long Hill Rd Leverett MA 01054 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00 | Date (month, day, year) 09/16/1998 | Amount of Each Receipt this Period 500.00 |
| SUBTOTALS of Receipts This Page (Optional) | | | |
| TOTALS This Period (last page this line number only) | | | |