

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (in Full)

E. Shirley Baca for Congress

A. Full Name, Mailing Address and ZIP Code Todd, Norman 840 Canterbury Arc LasCruces, NM 88005 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Attorney Aggregate Year-to-Date > \$ 330.00	Date (month, day, year) 10/9/98	Amount of Each Receipt this Period 300.00
B. Full Name, Mailing Address and ZIP Code Taylor, Lynda 1071 Governor Dempsey Dr. Santa Fe, NM 87501 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Conservation Voter Alliance Occupation Director Aggregate Year-to-Date > \$ 700.00	Date (month, day, year) 10/14/98	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code Word, Terry M. 6401 Caballero Parkway, NW Albuquerque, NM 87107 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Attorney Aggregate Year-to-Date > \$ 700.00	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code Zinno, Vanessa J. 120 Mimosa Las Cruces, NM 88005 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Oriental Medicine Practitioner Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 10/8/98	Amount of Each Receipt this Period 200.00
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)

1,500.00

TOTAL This Period (last page this line number only)

5,990.00