

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE 2 OF 5	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 13c	<input type="checkbox"/> 13d	<input type="checkbox"/> 13e

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NAME OF COMMITTEE (In Full)
FRIENDS OF CAROL MILLER

Full Name (Last, First, Middle Initial)
Miller, Carol

A. Mailing Address
HCR 65, Box 17

City **Ojo Sarco** State **NM** Zip Code **87521**

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

Name of Employer **Nat'l Cntr Frontier Commnty** Occupation **Executive Director**

Receipt For: Primary General Other (specify)
Election Cycle-to-Date **5,000.00**

Date of Receipt
06 / 12 / 2008

Amount of Each Receipt this Period
5,000.00

Personal Funds Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

Full Name (Last, First, Middle Initial)

B. Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For: Primary General Other (specify)
Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

Full Name (Last, First, Middle Initial)

C. Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For: Primary General Other (specify)
Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

23,000.00

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