

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

Don for New Mexico

ADDRESS (number and street)

PO Box 23350

Check if different than previously reported. (ACC)

Santa Fe

NM

87502

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C00442160

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

NM

03

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

06

03

2008

in the State of

NM

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

04

01

2008

through

05

14

2008

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 Fred Cisneros

Signature of Treasurer Electronically Filed by Fred Cisneros

Date

10

20

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Don for New Mexico

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	5

D	D
1	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	60624.02	190968.03
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	60624.02	190968.03
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	537957.77	1124646.96
(b) Total Offsets to Operating Expenditures (from Line 14).....	13.00	2488.71
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	537944.77	1122158.25
8. Cash on Hand at Close of Reporting Period (from Line 27).....	155564.78	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	1105547.87	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
Don for New Mexico

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	5

D	D
1	4

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

50818.00

163935.01

(ii) Unitemized.....

9806.02

27033.02

(iii) TOTAL of contributions

60624.02

190968.03

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACS).....

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

60624.02

190968.03

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

200000.00

1090000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

200000.00

1090000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

13.00

2488.71

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

260637.02

1283456.74

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	537957.77	1124646.96
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	490.00	3245.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	538447.77	1127891.96

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	433375.53
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	260637.02
25. SUBTOTAL (add Line 23 and Line 24).....	694012.55
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	538447.77
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	155564.78

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 118
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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)
Don for New Mexico

A.

Full Name (Last, First, Middle Initial)
Louise Allison

Mailing Address 1413 Don Gaspar

City State Zip Code
Santa Fe NM 87505

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

250.00

Date of Receipt
MM / DD / YYYY
04 / 28 / 2008

Transaction ID: C4765296

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Judith Berger

Mailing Address 32 Vista Hermosa

City State Zip Code
Santa Fe NM 87506

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

500.00

Date of Receipt
MM / DD / YYYY
05 / 07 / 2008

Transaction ID: C4766602

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Ray Besing

Mailing Address 200 Michelle Dr

City State Zip Code
Santa Fe NM 87501-1676

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

Name of Employer Self Occupation Law Professor

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

700.00

Date of Receipt
MM / DD / YYYY
04 / 13 / 2008

Transaction ID: C4765328

Amount of Each Receipt this Period
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **950.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 118
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A. Full Name (Last, First, Middle Initial)
Ray Besing
Mailing Address 200 Michelle Dr
City Santa Fe State NM Zip Code 87501-1676
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Law Professor
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 700.00
Date of Receipt 04 / 28 / 2008
Transaction ID: C4765269
Amount of Each Receipt this Period 300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Caroline Buerkle
Mailing Address 4405 Willow View Lane NW
City Albuquerque State NM Zip Code 87120
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed Occupation Consultant
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2635.00
Date of Receipt 04 / 18 / 2008
Transaction ID: C4768529
Amount of Each Receipt this Period 335.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
* In-Kind: entertainment for an event

C. Full Name (Last, First, Middle Initial)
Fred Cisneros
Mailing Address 2904 Rodeo Pk Dr East
City Santa Fe State NM Zip Code 87505
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation Information Requested
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 3063.00
Date of Receipt 04 / 24 / 2008
Transaction ID: C4769051
Amount of Each Receipt this Period 1565.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
* In-Kind: graphic design fees

SUBTOTAL of Receipts This Page (optional) ▶ 2200.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 118
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.	Full Name (Last, First, Middle Initial) Fred Cisneros	Date of Receipt MM / DD / YYYY 04 / 24 / 2008
	Mailing Address 2904 Rodeo Pk Dr East	Transaction ID: C4769053
	City State Zip Code Santa Fe NM 87505	Amount of Each Receipt this Period 763.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Information Requested Occupation Information Requested Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3063.00	* In-Kind: graphic design fees

B.	Full Name (Last, First, Middle Initial) Stephen C Coleman	Date of Receipt MM / DD / YYYY 04 / 28 / 2008
	Mailing Address 5051 Journal Center Blvd NE	Transaction ID: C4765284
	City State Zip Code Albuquerque NM 87109	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer self Occupation ophthamologist Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Abel Davis	Date of Receipt MM / DD / YYYY 05 / 13 / 2008
	Mailing Address P.O. Box 156	Transaction ID: C4766613
	City State Zip Code Tesuque NM 87574	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer N/A Occupation Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1763.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 118
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A. Full Name (Last, First, Middle Initial)
Ruth H Dillingham

Mailing Address 1047 Sierra del Norte

City State Zip Code
Santa Fe NM 87501

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: C4742759

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Jim Downey

Mailing Address PO Box 2327

City State Zip Code
Santa Fe NM 87504

FEC ID number of contributing federal political committee. C

Name of Employer Market Leasing, Inc. Occupation Information Requested

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 7 / 2 0 0 8

Transaction ID: C4742763

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Peter Frank

Mailing Address PO Box 518

City State Zip Code
Tesuque NM 87574

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 0 8

Transaction ID: C4767650

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 118
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.

Full Name (Last, First, Middle Initial)
Helen Gabriel

Mailing Address PO Box 9692

City State Zip Code
Santa Fe NM 87504-9692

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 03 / 2008

Transaction ID: C4648204

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Edward Gilbert

Mailing Address BGK Realty Inc
330 Garfield

City State Zip Code
Santa Fe NM 87501

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested
BGK Group President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2008

Transaction ID: C4767212

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Lynn Goldstein

Mailing Address 1802 Sun Mountain Drive

City State Zip Code
Santa Fe NM 87505

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2008

Transaction ID: C4767652

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 118
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14	
							<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.

Full Name (Last, First, Middle Initial)
Audrey Hays

Mailing Address PO Box 126

City State Zip Code
Tesuque NM 87574

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

Name of Employer self Occupation interior designer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
05 / 09 / 2008

Transaction ID: C4766609

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Gerry Hopkins

Mailing Address 90 Tesque Ridge

City State Zip Code
Santa Fe NM 87501

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

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: C4765292

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Tony Hopkins

Mailing Address 98 Verano Loop

City State Zip Code
Santa Fe NM 87508

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

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
04 / 28 / 2008

Transaction ID: C4765299

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 118
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A. Full Name (Last, First, Middle Initial)
Michael T Mabry
Mailing Address 875 Paseo del Sur
City Santa Fe State NM Zip Code 87501
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation Information Requested
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
Date of Receipt: 04 / 28 / 2008
Transaction ID: C4765341
Amount of Each Receipt this Period: 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Lloyd Martinez
Mailing Address 7505 Mallard Way, Suite A
City Santa Fe State NM Zip Code 87507
FEC ID number of contributing federal political committee. **C**
Name of Employer Edificios Builders Occupation Owner
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
Date of Receipt: 05 / 12 / 2008
Transaction ID: C4767213
Amount of Each Receipt this Period: 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Susan Mize
Mailing Address PO Box 848
City Tesuque State NM Zip Code 87574
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation Information Requested
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
Date of Receipt: 05 / 06 / 2008
Transaction ID: C4767653
Amount of Each Receipt this Period: 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 118
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.

Full Name (Last, First, Middle Initial)
Dan E Patterson

Mailing Address 3201 Wendover Rd

City State Zip Code
Dallas TX 75214

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

Name of Employer Occupation
Best Associates Information Requested

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
04 / 15 / 2008

Transaction ID: C4765382

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Gail Thoma Patterson

Mailing Address 3201 Wendover Road

City State Zip Code
Dallas TX 75214

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

Name of Employer Occupation
Information Requested

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
04 / 15 / 2008

Transaction ID: C4765383

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Natalie Rees

Mailing Address 1236 Bishops Lodge Rd

City State Zip Code
Santa Fe NM 87501-1003

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

Name of Employer Occupation
self-employed Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
04 / 23 / 2008

Transaction ID: C4765338

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 118
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14	
							<input type="checkbox"/>	15

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)
Don for New Mexico

A.

Full Name (Last, First, Middle Initial)
Angela Romero

Mailing Address 13605 Pino Ridge Place, NE

City Albuquerque State NM Zip Code 87111

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

Name of Employer RLRegulatory Consultants Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 04 / 22 / 2008
Transaction ID: C4766607
Amount of Each Receipt this Period 2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Nestor Romero

Mailing Address 13605 Pino Ridge Place, NE

City Albuquerque State NM Zip Code 87111

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

Name of Employer The Payroll Company, Inc Occupation Financial Service & Insurance

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 04 / 22 / 2008
Transaction ID: C4766606
Amount of Each Receipt this Period 2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Robert Rosebrough

Mailing Address PO Box 840

City Gallup State NM Zip Code 87305-0840

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

Name of Employer Information Requested Occupation mayor of Gallup

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 04 / 22 / 2008
Transaction ID: C4742748
Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **5100.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 118
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A. Full Name (Last, First, Middle Initial)
Leslie A. Roundstream

Mailing Address 89 Avenida Frijoles

City State Zip Code
Santa Fe NM 87507

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

Name of Employer none Occupation not employed

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 100.00

Transaction ID: C4765340

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Laura Said

Mailing Address 144 Parsonage Road

City State Zip Code
Greenwich CT 06830

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 250.00

Transaction ID: C4768212

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Leveo Sanchez

Mailing Address 529 Hillside Ave

City State Zip Code
Santa Fe NM 87501

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

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 250.00

Transaction ID: C4765349

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **600.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 118

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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)
Don for New Mexico

A.

Full Name (Last, First, Middle Initial)
Santa Fe Physical Therapy Center Inc
Mailing Address 333 W Cordova Rd #A

City State Zip Code
Santa Fe NM 87505

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

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 02 / 2008

Transaction ID: C4648428

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
W. Anthony Sawtell
Mailing Address 708 Paseo De Peralta

City State Zip Code
Santa Fe NM 87501

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

Name of Employer Occupation
Sawtell, Wirth Lawyer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2008

Transaction ID: C4765258

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Joel Serra
Mailing Address 1331 Seville Road

City State Zip Code
Santa Fe NM 87505

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

Name of Employer Occupation
none Disabled

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2008

Transaction ID: C4765266

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 118
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A. Full Name (Last, First, Middle Initial)
William S Siegal

Mailing Address 19 Tesuque Hill Rd

City State Zip Code
Santa Fe NM 87506

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

Name of Employer Self Occupation Art Dealer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
05 / 08 / 2008

Transaction ID: C4767654

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Bruce R Snow

Mailing Address 425 Ranelagh Rd.

City State Zip Code
Hillsborough CA 94010

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
05 / 14 / 2008

Transaction ID: C4767218

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Kurt A. Sommer

Mailing Address PO Box 1984

City State Zip Code
Santa Fe NM 87504

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

Name of Employer Sommer, Udall, Hardwick, Ahern & Hyatt Occupation Information Requested

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
04 / 28 / 2008

Transaction ID: C4765298

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 118
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A. Full Name (Last, First, Middle Initial)
Maria T Stennis

Mailing Address 200 Mitchell Dr

City State Zip Code
Santa Fe NM 87501

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
04 / 12 / 2008

Transaction ID: C4765302

Amount of Each Receipt this Period 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Aaron Stern

Mailing Address 223 N Guadalupe St #228

City State Zip Code
Santa Fe NM 87501-1850

FEC ID number of contributing federal political committee. C

Name of Employer Academy for the Love of Learning Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y
04 / 21 / 2008

Transaction ID: C4765352

Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Theresa Trujeque

Mailing Address 108 Kjersti Ct.

City State Zip Code
Corrales NM 87048

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1910.01

Date of Receipt M M / D D / Y Y Y Y
04 / 18 / 2008

Transaction ID: C4768530

Amount of Each Receipt this Period 330.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* In-Kind: entertainment for event

SUBTOTAL of Receipts This Page (optional) 1080.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 118
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A. Full Name (Last, First, Middle Initial)
Theresa Trujeque

Mailing Address 108 Kjersti Ct.

City Corrales State NM Zip Code 87048

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

Name of Employer Self Occupation Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1910.01

Date of Receipt MM / DD / YYYY
05 / 14 / 2008

Transaction ID: C4767217

Amount of Each Receipt this Period 400.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Alexander Tschursin

Mailing Address 221 Sena Street

City Santa Fe State NM Zip Code 87505

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

Name of Employer Foreign Traders, Inc. Occupation Owner/Retail Merchant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
04 / 28 / 2008

Transaction ID: C4765294

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Albert Waxman

Mailing Address 460 Circle Drive

City Santa Fe State NM Zip Code 87501

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

Name of Employer Psilos Group Managers Occupation Venture Capital

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
05 / 05 / 2008

Transaction ID: C4767655

Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1900.00

TOTAL This Period (last page this line number only) ►

**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 19 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.	Full Name (Last, First, Middle Initial) J. Cooper Abbott		Date of Receipt MM / DD / YYYY 05 / 04 / 2008
	Mailing Address 1335 Roberts Bay Lane		Transaction ID: C4765222A
	City State Zip Code Sarasota FL 34242	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
	Name of Employer Eagle Asset Management, Inc.	Occupation finance	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	* Earmarked Contribution: See Below

B.	Full Name (Last, First, Middle Initial) ACT Blue		Date of Receipt MM / DD / YYYY 05 / 02 / 2008
	Mailing Address P.O. Box 382110		Transaction ID: C4765222AB
	City State Zip Code Cambridge MA 02238	FEC ID number of contributing federal political committee. C C00401224	Amount of Each Receipt this Period 500.00
	Name of Employer	Occupation Conduit total listed in Agg. field	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 28891.00	[MEMO ITEM] Note: Above Contribution earmarked through this organization.

C.	Full Name (Last, First, Middle Initial) Heracio Beltran		Date of Receipt MM / DD / YYYY 05 / 11 / 2008
	Mailing Address 5101 Hammond Circle		Transaction ID: C4767636A
	City State Zip Code Santa Fe NM 87507	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
	Name of Employer H.B. & Son, Inc.	Occupation Owner	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 118
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.

Full Name (Last, First, Middle Initial)
ACT Blue

Mailing Address P.O. Box 382110

City State Zip Code
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 28891.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 6 / 2 0 0 8

Transaction ID: C4767636AB

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

B.

Full Name (Last, First, Middle Initial)
George Bingham

Mailing Address 16 Cole Ln

City State Zip Code
Santa Fe NM 87508-5967

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

Name of Employer Occupation
The Peters Corporation attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 1 / 2 0 0 8

Transaction ID: C4742711A

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
*** Earmarked Contribution:
See Below**

C.

Full Name (Last, First, Middle Initial)
ACT Blue

Mailing Address P.O. Box 382110

City State Zip Code
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 28891.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 8

Transaction ID: C4742711AB

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional) ▶ **250.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 118
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d		
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14	<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.

Full Name (Last, First, Middle Initial)
Keith Bowers

Mailing Address 3109 South Frontenac Street

City State Zip Code
Seattle WA 98108

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

Name of Employer Occupation
Multiform Harvest Inc. President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 400.00

Date of Receipt: 05 / 04 / 2008

Transaction ID: C4765224A

Amount of Each Receipt this Period: 200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* Earmarked Contribution: See Below

B.

Full Name (Last, First, Middle Initial)
ACT Blue

Mailing Address P.O. Box 382110

City State Zip Code
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 28891.00

Date of Receipt: 05 / 04 / 2008

Transaction ID: C4765224AB

Amount of Each Receipt this Period: 200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

C.

Full Name (Last, First, Middle Initial)
Paul Centenari

Mailing Address 8140 Telegraph Road

City State Zip Code
Severn MD 21144

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

Name of Employer Occupation
President Atlas Container Corp

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 500.00

Date of Receipt: 04 / 20 / 2008

Transaction ID: C4765248A

Amount of Each Receipt this Period: 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 22 / 118
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A. Full Name (Last, First, Middle Initial)
ACT Blue
Mailing Address P.O. Box 382110
City State Zip Code
Cambridge MA 02238
FEC ID number of contributing federal political committee. **C** C00401224
Name of Employer Occupation
Conduit total listed in Agg. field
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 28891.00
Date of Receipt: 04 / 17 / 2008
Transaction ID: C4765248AB
Amount of Each Receipt this Period: 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Phil Coombs
Mailing Address 729 E. Palace Ave
City State Zip Code
Santa Fe NM 87501
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Coombs Co. Builder
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt: 04 / 27 / 2008
Transaction ID: C4765192A
Amount of Each Receipt this Period: 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
* Earmarked Contribution:
See Below

C. Full Name (Last, First, Middle Initial)
ACT Blue
Mailing Address P.O. Box 382110
City State Zip Code
Cambridge MA 02238
FEC ID number of contributing federal political committee. **C** C00401224
Name of Employer Occupation
Conduit total listed in Agg. field
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 28891.00
Date of Receipt: 04 / 21 / 2008
Transaction ID: C4765192AB
Amount of Each Receipt this Period: 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional) ▶ 1000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 118
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.

Full Name (Last, First, Middle Initial)
Mitch Davenport

Mailing Address 91 Avenida Frijoles

City State Zip Code
Santa Fe NM 87507

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

Name of Employer Occupation
The Lofts LLC Operations Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 1 / 2 0 0 8

Transaction ID: C4742706A

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* Earmarked Contribution:
See Below

B.

Full Name (Last, First, Middle Initial)
ACT Blue

Mailing Address P.O. Box 382110

City State Zip Code
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

28891.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 8

Transaction ID: C4742706AB

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

C.

Full Name (Last, First, Middle Initial)
Matthew H. Dickstein

Mailing Address 7418 Streamside Drive

City State Zip Code
Fort Collins CO 80525

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

Name of Employer Occupation
Self Management Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 8

Transaction ID: C4765202A

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* Earmarked Contribution:
See Below

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 118
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.

Full Name (Last, First, Middle Initial)
ACT Blue

Mailing Address P.O. Box 382110

City State Zip Code
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 28891.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: C4765202AB

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

B.

Full Name (Last, First, Middle Initial)
Monica Dodi

Mailing Address 2524 Aberdeen Avenue

City State Zip Code
Los Angeles CA 90027

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

Name of Employer Occupation
united internet artists, inc. ceo/president

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 8

Transaction ID: C4765206A

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
*** Earmarked Contribution:
See Below**

C.

Full Name (Last, First, Middle Initial)
ACT Blue

Mailing Address P.O. Box 382110

City State Zip Code
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 28891.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 6 / 2 0 0 8

Transaction ID: C4765206AB

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 118
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A. Full Name (Last, First, Middle Initial)
Gary W. Ehlert

Mailing Address 1576 Luisa Street

City Santa Fe State NM Zip Code 87505

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

Name of Employer Santa Fe Area Home Builders Association Occupation Association Management

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 325.00

Date of Receipt 04 / 11 / 2008
Transaction ID: C4742705A
 Amount of Each Receipt this Period 200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* Earmarked Contribution: See Below

B. Full Name (Last, First, Middle Initial)
ACT Blue

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 28891.00

Date of Receipt 04 / 17 / 2008
Transaction ID: C4742705AB
 Amount of Each Receipt this Period 200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Stephen Etre

Mailing Address 2701 Cerrillos Rd

City Santa Fe State NM Zip Code 87507-2312

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

Name of Employer Stephen's Gallery Occupation consignment gallery

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt 04 / 20 / 2008
Transaction ID: C4765237A
 Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 26 / 118
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A. Full Name (Last, First, Middle Initial)
ACT Blue
Mailing Address P.O. Box 382110
City State Zip Code
Cambridge MA 02238
FEC ID number of contributing federal political committee. **C** C00401224
Name of Employer Occupation
Conduit total listed in Agg. field
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 28891.00
Date of Receipt: 04 / 14 / 2008
Transaction ID: C4765237AB
Amount of Each Receipt this Period: 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Andrew Feshbach
Mailing Address 121 Gray Avenue
City State Zip Code
Santa Barbara CA 93101
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Big Dog CEO
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 500.00
Date of Receipt: 04 / 20 / 2008
Transaction ID: C4765245A
Amount of Each Receipt this Period: 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
* Earmarked Contribution:
See Below

C. Full Name (Last, First, Middle Initial)
ACT Blue
Mailing Address P.O. Box 382110
City State Zip Code
Cambridge MA 02238
FEC ID number of contributing federal political committee. **C** C00401224
Name of Employer Occupation
Conduit total listed in Agg. field
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 28891.00
Date of Receipt: 04 / 16 / 2008
Transaction ID: C4765245AB
Amount of Each Receipt this Period: 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional) ▶ 500.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 118
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A. Full Name (Last, First, Middle Initial)
Loralyn First

Mailing Address 506 Palisades Ave.

City Santa Monica State CA Zip Code 90402

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

Name of Employer Private Family Occupation Nanny

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 04 / 27 / 2008
Transaction ID: C4765203A
 Amount of Each Receipt this Period 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* Earmarked Contribution: See Below

B. Full Name (Last, First, Middle Initial)
ACT Blue

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 28891.00

Date of Receipt 04 / 25 / 2008
Transaction ID: C4765203AB
 Amount of Each Receipt this Period 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Thomas Gart

Mailing Address 20 Meadow Ln

City Chrerry Hills Vill State CO Zip Code 80113

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

Name of Employer The Gart Companies Occupation Exec

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 04 / 20 / 2008
Transaction ID: C4765239A
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional) ▶ **1250.00**

TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 28 / 118
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A. Full Name (Last, First, Middle Initial)
ACT Blue
Mailing Address P.O. Box 382110
City State Zip Code
Cambridge MA 02238
FEC ID number of contributing federal political committee. **C** C00401224
Name of Employer Occupation
Conduit total listed in Agg. field
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 28891.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 8
Transaction ID: C4765239AB
Amount of Each Receipt this Period
1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Aubrey D Gerner Jr.
Mailing Address 7012 Stefani
City State Zip Code
Dallas TX 75225
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Retired Retired
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 250.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 4 / 2 0 0 8
Transaction ID: C4765215A
Amount of Each Receipt this Period
250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
* Earmarked Contribution:
See Below

C. Full Name (Last, First, Middle Initial)
ACT Blue
Mailing Address P.O. Box 382110
City State Zip Code
Cambridge MA 02238
FEC ID number of contributing federal political committee. **C** C00401224
Name of Employer Occupation
Conduit total listed in Agg. field
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 28891.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 8
Transaction ID: C4765215AB
Amount of Each Receipt this Period
250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional) ▶ 250.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 118

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.	Full Name (Last, First, Middle Initial) Michael Gibbs		Date of Receipt MM / DD / YYYY 05 / 11 / 2008
	Mailing Address 10 Rancho Verano Road		Transaction ID: C4767641A
	City State Zip Code Santa Fe NM 87508	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
	Name of Employer Gibbs Carlton Quality Homes Occupation Managing Member Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) * Earmarked Contribution: See Below

B.	Full Name (Last, First, Middle Initial) ACT Blue		Date of Receipt MM / DD / YYYY 05 / 08 / 2008
	Mailing Address P.O. Box 382110		Transaction ID: C4767641AB
	City State Zip Code Cambridge MA 02238	FEC ID number of contributing federal political committee. C C00401224	Amount of Each Receipt this Period 250.00
	Name of Employer Occupation Conduit total listed in Agg. field Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 28891.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] Note: Above Contribution earmarked through this organization.

C.	Full Name (Last, First, Middle Initial) Robert L. Gibbs		Date of Receipt MM / DD / YYYY 04 / 27 / 2008
	Mailing Address 4 Calle Alexia		Transaction ID: C4765196A
	City State Zip Code Santa Fe NM 87508	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
	Name of Employer BT Homes Occupation Homebuilder Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) * Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 118
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A. Full Name (Last, First, Middle Initial)
ACT Blue
Mailing Address P.O. Box 382110
City State Zip Code
Cambridge MA 02238
FEC ID number of contributing federal political committee. **C** C00401224
Name of Employer Occupation
Conduit total listed in Agg. field
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 28891.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 8
Transaction ID: C4765196AB
Amount of Each Receipt this Period
500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
David Gurule
Mailing Address 24 Vereda Serena
City State Zip Code
Santa Fe NM 87508
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Phase One Realty Realtor
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 8 / 2 0 0 8
Transaction ID: C4775228A
Amount of Each Receipt this Period
500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
* Earmarked Contribution:
See Below

C. Full Name (Last, First, Middle Initial)
ACT Blue
Mailing Address P.O. Box 382110
City State Zip Code
Cambridge MA 02238
FEC ID number of contributing federal political committee. **C** C00401224
Name of Employer Occupation
Conduit total listed in Agg. field
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 28891.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 2 / 2 0 0 8
Transaction ID: C4775228AB
Amount of Each Receipt this Period
500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional) ▶ 500.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 118
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14
							15

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.

Full Name (Last, First, Middle Initial)
Susan Hailey

Mailing Address 3 Surrey Lane

City Atherton State CA Zip Code 94027

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

Name of Employer Harrah's Entertainment Occupation VP Talent

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 05 / 18 / 2008
Transaction ID: C4775238A
Amount of Each Receipt this Period: 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* Earmarked Contribution: See Below

B.

Full Name (Last, First, Middle Initial)
ACT Blue

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 28891.00

Date of Receipt: 05 / 12 / 2008
Transaction ID: C4775238AB
Amount of Each Receipt this Period: 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

C.

Full Name (Last, First, Middle Initial)
Stephen Hill

Mailing Address 3110 W. DunwoodieSst

City Tampa State FL Zip Code 33629

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

Name of Employer Eagle Asset Management Occupation finance

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 04 / 06 / 2008
Transaction ID: C4647777A
Amount of Each Receipt this Period: 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 118
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.

Full Name (Last, First, Middle Initial)
ACT Blue

Mailing Address P.O. Box 382110

City State Zip Code
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 28891.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 8

Transaction ID: C4647777AB

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

B.

Full Name (Last, First, Middle Initial)
Beth Horowitz

Mailing Address 388 Richmond St W Ph 3

City State Zip Code
Toronto ON M5V 3-P1

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

Name of Employer Occupation
Schulich School of Business, York Univ Executive in Residence

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 8

Transaction ID: C4765241A

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
*** Earmarked Contribution:
See Below**

C.

Full Name (Last, First, Middle Initial)
ACT Blue

Mailing Address P.O. Box 382110

City State Zip Code
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 28891.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: C4765241AB

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 118
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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)
Don for New Mexico

A. Full Name (Last, First, Middle Initial)
Debra Hughes

Mailing Address 2270 E. Corte del Sabio

City Tucson State AZ Zip Code 85718

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

Name of Employer Self Occupation Author

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 04 / 20 / 2008
Transaction ID: C4765240A
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* Earmarked Contribution: See Below

B. Full Name (Last, First, Middle Initial)
ACT Blue

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 28891.00

Date of Receipt 04 / 15 / 2008
Transaction ID: C4765240AB
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Paul Jansen

Mailing Address 3 Ellis Court

City Lafayette State CA Zip Code 94549

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

Name of Employer McKinsey & Co Occupation Management Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 04 / 27 / 2008
Transaction ID: C4765194A
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional) ► 2000.00

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 34 / 118
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A. Full Name (Last, First, Middle Initial)
ACT Blue
Mailing Address P.O. Box 382110
City State Zip Code
Cambridge MA 02238
FEC ID number of contributing federal political committee. **C** C00401224
Name of Employer Occupation
Conduit total listed in Agg. field
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 28891.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 8
Transaction ID: C4765194AB
Amount of Each Receipt this Period
1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Kristine Johnson
Mailing Address 20 Walnut Street
City State Zip Code
San Francisco CA 94118
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Kingfisher Foundation Director, non-profit
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2300.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 8
Transaction ID: C4767646A
Amount of Each Receipt this Period
2300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
* Earmarked Contribution:
See Below

C. Full Name (Last, First, Middle Initial)
ACT Blue
Mailing Address P.O. Box 382110
City State Zip Code
Cambridge MA 02238
FEC ID number of contributing federal political committee. **C** C00401224
Name of Employer Occupation
Conduit total listed in Agg. field
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 28891.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 9 / 2 0 0 8
Transaction ID: C4767646AB
Amount of Each Receipt this Period
2300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional) ▶ 2300.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 118
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A. Full Name (Last, First, Middle Initial)
Jeffrey Lamb
Mailing Address 6505 East Dorado Place
City Greenwood Village State CO Zip Code 80111
FEC ID number of contributing federal political committee. **C**
Name of Employer Socius Capital Occupation Executive
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 300.00
Date of Receipt 04 / 20 / 2008
Transaction ID: C4765246A
Amount of Each Receipt this Period 300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
* Earmarked Contribution: See Below

B. Full Name (Last, First, Middle Initial)
ACT Blue
Mailing Address P.O. Box 382110
City Cambridge State MA Zip Code 02238
FEC ID number of contributing federal political committee. **C** C00401224
Name of Employer Occupation Conduit total listed in Agg. field
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 28891.00
Date of Receipt 04 / 16 / 2008
Transaction ID: C4765246AB
Amount of Each Receipt this Period 300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Tory Larsen
Mailing Address P.O. Box 186
City Farmington State NM Zip Code 87499
FEC ID number of contributing federal political committee. **C**
Name of Employer Aztec Well Servicing Company Occupation HSE / HR
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 400.00
Date of Receipt 05 / 11 / 2008
Transaction ID: C4767648A
Amount of Each Receipt this Period 400.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional) ▶ 700.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 118
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A. Full Name (Last, First, Middle Initial)
ACT Blue
Mailing Address P.O. Box 382110
City State Zip Code
Cambridge MA 02238
FEC ID number of contributing federal political committee. **C** C00401224
Name of Employer Occupation
Conduit total listed in Agg. field
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 28891.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 8
Transaction ID: C4767648AB
Amount of Each Receipt this Period
400.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Raymond Lutz
Mailing Address 1230 Turquoise Trail
City State Zip Code
Cerrillos NM 87010
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Retired Retired
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 500.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 4 / 2 0 0 8
Transaction ID: C4765217A
Amount of Each Receipt this Period
500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
* Earmarked Contribution:
See Below

C. Full Name (Last, First, Middle Initial)
ACT Blue
Mailing Address P.O. Box 382110
City State Zip Code
Cambridge MA 02238
FEC ID number of contributing federal political committee. **C** C00401224
Name of Employer Occupation
Conduit total listed in Agg. field
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 28891.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 8
Transaction ID: C4765217AB
Amount of Each Receipt this Period
500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional) ▶ 500.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 37 / 118
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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)
Don for New Mexico

A. Full Name (Last, First, Middle Initial)
Michael Maremont
Mailing Address 22 Piute Road
City Santa Fe State NM Zip Code 87505
FEC ID number of contributing federal political committee. **C**
Name of Employer Phase One Realty Occupation Realtor
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 05 / 18 / 2008
Transaction ID: C4775229A
Amount of Each Receipt this Period 375.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
* Earmarked Contribution: See Below

B. Full Name (Last, First, Middle Initial)
ACT Blue
Mailing Address P.O. Box 382110
City Cambridge State MA Zip Code 02238
FEC ID number of contributing federal political committee. **C** C00401224
Name of Employer Occupation Conduit total listed in Agg. field
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 28891.00
Date of Receipt 05 / 12 / 2008
Transaction ID: C4775229AB
Amount of Each Receipt this Period 375.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Marlene N Meyerson
Mailing Address PO Box 300
City Tesuque State NM Zip Code 87574-0300
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation homemaker
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 04 / 11 / 2008
Transaction ID: C4742710A
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional) ▶ **625.00**
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 118
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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)
Don for New Mexico

A. Full Name (Last, First, Middle Initial)
ACT Blue
Mailing Address P.O. Box 382110
City State Zip Code
Cambridge MA 02238
FEC ID number of contributing federal political committee. **C** C00401224
Name of Employer Occupation
Conduit total listed in Agg. field
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 28891.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 8
Transaction ID: C4742710AB
Amount of Each Receipt this Period
250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Richard A. Myers
Mailing Address 6419 Lakehurst Ave
City State Zip Code
Dallas TX 75230
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Realty Capital President
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2300.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 8
Transaction ID: C4765247A
Amount of Each Receipt this Period
2300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
* Earmarked Contribution:
See Below

C. Full Name (Last, First, Middle Initial)
ACT Blue
Mailing Address P.O. Box 382110
City State Zip Code
Cambridge MA 02238
FEC ID number of contributing federal political committee. **C** C00401224
Name of Employer Occupation
Conduit total listed in Agg. field
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 28891.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 8
Transaction ID: C4765247AB
Amount of Each Receipt this Period
2300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional) ▶ 2300.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 39 / 118
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A. Full Name (Last, First, Middle Initial)
Greg Pratt

Mailing Address 120 Sereno Dr

City State Zip Code
Santa Fe NM 87501

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

Name of Employer Woodmeisters Occupation Woodworker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 1 8 / 2 0 0 8

Transaction ID: C4775235A

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* Earmarked Contribution:
See Below

B. Full Name (Last, First, Middle Initial)
ACT Blue

Mailing Address P.O. Box 382110

City State Zip Code
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 28891.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 8

Transaction ID: C4775235AB

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
William Rafkin

Mailing Address 5315 Meaders Lane

City State Zip Code
Dallas TX 75229

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

Name of Employer Koll Development Company Occupation Real Estate Development

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 0 4 / 2 0 0 8

Transaction ID: C4765211A

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* Earmarked Contribution:
See Below

SUBTOTAL of Receipts This Page (optional) ▶ **1500.00**

TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 118
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A. Full Name (Last, First, Middle Initial)
ACT Blue
Mailing Address P.O. Box 382110
City State Zip Code
Cambridge MA 02238
FEC ID number of contributing federal political committee. **C** C00401224
Name of Employer Occupation
Conduit total listed in Agg. field
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 28891.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 8
Transaction ID: C4765211AB
Amount of Each Receipt this Period
500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Gordon Spingler
Mailing Address 2109 Loma Linda Drive
City State Zip Code
Los Alamos NM 87544
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
none not employed
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 600.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 8
Transaction ID: C4765242A
Amount of Each Receipt this Period
100.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
* Earmarked Contribution:
See Below

C. Full Name (Last, First, Middle Initial)
ACT Blue
Mailing Address P.O. Box 382110
City State Zip Code
Cambridge MA 02238
FEC ID number of contributing federal political committee. **C** C00401224
Name of Employer Occupation
Conduit total listed in Agg. field
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 28891.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 8
Transaction ID: C4765242AB
Amount of Each Receipt this Period
100.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional) ► 100.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 118
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A. Full Name (Last, First, Middle Initial)
Rick Stoes

Mailing Address 150 E. Lohman Avenue

City State Zip Code
Las Cruces NM 88001

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

Name of Employer Occupation
Grub and Ellis Real Estate

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
05 / 18 / 2008

Transaction ID: C4775245A

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* Earmarked Contribution:
See Below

B. Full Name (Last, First, Middle Initial)
ACT Blue

Mailing Address P.O. Box 382110

City State Zip Code
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
05 / 14 / 2008

Transaction ID: C4775245AB

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Mary Kristine Swedin

Mailing Address 20 Casa del Oro Loop

City State Zip Code
Santa Fe NM 87508

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

Name of Employer Occupation
Santa Fe Community College Chief of Staff

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
04 / 06 / 2008

Transaction ID: C4647771A

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* Earmarked Contribution:
See Below

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 118
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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)
Don for New Mexico

A.

Full Name (Last, First, Middle Initial)
ACT Blue

Mailing Address P.O. Box 382110

City State Zip Code
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 28891.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 0 1 / 2 0 0 8

Transaction ID: C4647771AB

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

B.

Full Name (Last, First, Middle Initial)
Andrew Van Luchene

Mailing Address 1012 Marquez Place #205A

City State Zip Code
Santa Fe NM 87505

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

Name of Employer Occupation
Jack Rabbit Systems CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 1 8 / 2 0 0 8

Transaction ID: C4775230A

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
 * Earmarked Contribution:
See Below

C.

Full Name (Last, First, Middle Initial)
ACT Blue

Mailing Address P.O. Box 382110

City State Zip Code
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 28891.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 1 2 / 2 0 0 8

Transaction ID: C4775230AB

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional) ▶ 1000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 118
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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)
Don for New Mexico

A. Full Name (Last, First, Middle Initial)
Gretchen Walther

Mailing Address 6501 Americas Parkway NE, Suite 62

City State Zip Code
Albuquerque NM 87110

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

Name of Employer Occupation
Walther Family Law Lawyer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
05 / 18 / 2008

Transaction ID: C4775246A

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* Earmarked Contribution:
See Below

B. Full Name (Last, First, Middle Initial)
ACT Blue

Mailing Address P.O. Box 382110

City State Zip Code
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
05 / 14 / 2008

Transaction ID: C4775246AB

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
James H Weyhrauch

Mailing Address 64A Pinon Jay Trail

City State Zip Code
Santa Fe NM 87505

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

Name of Employer Occupation
Santa Fe Properties Real Estate

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
04 / 27 / 2008

Transaction ID: C4765204A

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* Earmarked Contribution:
See Below

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 118
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.

Full Name (Last, First, Middle Initial)
ACT Blue

Mailing Address P.O. Box 382110

City State Zip Code
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 28891.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: C4765204AB

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

B.

Full Name (Last, First, Middle Initial)
John Wolf

Mailing Address 984 Acequia Madre

City State Zip Code
Santa Fe NM 87505

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

Name of Employer Occupation
Wolf Corporation General Contractor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 8 / 2 0 0 8

Transaction ID: C4775234A

Amount of Each Receipt this Period
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
*** Earmarked Contribution:
See Below**

C.

Full Name (Last, First, Middle Initial)
ACT Blue

Mailing Address P.O. Box 382110

City State Zip Code
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 28891.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 8

Transaction ID: C4775234AB

Amount of Each Receipt this Period
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 118
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A. Full Name (Last, First, Middle Initial)
David Woodward

Mailing Address 244 Washington

City San Francisco State CA Zip Code 94118

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

Name of Employer Self Occupation Investor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt 04 / 27 / 2008
Transaction ID: C4765191A
 Amount of Each Receipt this Period 400.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* Earmarked Contribution: See Below

B. Full Name (Last, First, Middle Initial)
ACT Blue

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 28891.00

Date of Receipt 04 / 21 / 2008
Transaction ID: C4765191AB
 Amount of Each Receipt this Period 400.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Nancy Zeckendorf

Mailing Address 1204 Calle De Agua

City Santa Fe State NM Zip Code 87501

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

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 04 / 20 / 2008
Transaction ID: C4765236A
 Amount of Each Receipt this Period 300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional) ► 700.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 118
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A. Full Name (Last, First, Middle Initial)
ACT Blue

Mailing Address P.O. Box 382110

City State Zip Code
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 28891.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	4	/	2	0	0	8

Transaction ID: C4765236AB

Amount of Each Receipt this Period
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Bruce Mazur

Mailing Address AllCare Physical Therapy
P.O. Box 34130

City State Zip Code
Santa Fe NM 87594

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

Name of Employer Occupation
AllCare Physical Therapy Physical Therapist, Home Builder

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	2	/	2	0	0	8

Transaction ID: C4648202

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
 *

C. Full Name (Last, First, Middle Initial)
Lyon Brokerage Inc

Mailing Address 762 Placita Santa Fe

City State Zip Code
Santa Fe NM 87505

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	8	/	2	0	0	8

Transaction ID: C4765271

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
 LLC - Members below if itemized. Permissible funds.

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 47 / 118
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A. Full Name (Last, First, Middle Initial)
Neil Lyon
 Mailing Address 762 Placita Santa Fe
 City State Zip Code
 Santa Fe NM 87505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Lyon Brokerage broker
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
 Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 2 8 / 2 0 0 8
Transaction ID: C4765274
 Amount of Each Receipt this Period
 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
 *

B. Full Name (Last, First, Middle Initial)
Allbright & Lockwood, LTD
 Mailing Address 621 Old Santa Fe Trail #5
 City State Zip Code
 Santa Fe NM 87505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00
 Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 2 1 / 2 0 0 8
Transaction ID: C4765332
 Amount of Each Receipt this Period
 300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
 LLC - Members below if it-
 emized. Permissible funds.

C. Full Name (Last, First, Middle Initial)
Arthur Reeder
 Mailing Address 621 Old Santa Fe Trail
 City State Zip Code
 Santa Fe NM 87505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AllBright & LockWood Information Requested
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00
 Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 2 1 / 2 0 0 8
Transaction ID: C4768969
 Amount of Each Receipt this Period
 300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
 *

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 48 / 118
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A. Full Name (Last, First, Middle Initial)
Harris Consultants, LLC
Mailing Address PO Box 6775
City State Zip Code
Santa Fe NM 87502
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2008
Transaction ID: C4765359
Amount of Each Receipt this Period
1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
LLC - Members below if itemized. Permissible funds.

B. Full Name (Last, First, Middle Initial)
Michael Harris
Mailing Address P.O. Box 6775
City State Zip Code
Santa Fe NM 87502
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Harris Consultants, LLC Information Requested
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2008
Transaction ID: C4765362
Amount of Each Receipt this Period
1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	50818.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 49 / 118
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.

Full Name (Last, First, Middle Initial) Don Wiviott		Date of Receipt MM / DD / YYYY 05 / 01 / 2008
Mailing Address 3600 Cerrillos Rd #503		Transaction ID: C4762306
City Santa Fe	State NM	Zip Code 87507
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100000.00
Name of Employer Wiv. Co.	Occupation builder/developer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1090000.00	

B.

Full Name (Last, First, Middle Initial) Don Wiviott		Date of Receipt MM / DD / YYYY 05 / 13 / 2008
Mailing Address 3600 Cerrillos Rd #503		Transaction ID: C4766616
City Santa Fe	State NM	Zip Code 87507
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100000.00
Name of Employer Wiv. Co.	Occupation builder/developer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1090000.00	

SUBTOTAL of Receipts This Page (optional)	▶	200000.00
TOTAL This Period (last page this line number only)	▶	200000.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.	Full Name (Last, First, Middle Initial) A & B Insurance Srvc Inc Mailing Address 2317 Blanding Blvd City Jacksonville State FL Zip Code 32210 Purpose of Disbursement liab insurance for event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D214474 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">234.56</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	4		2	0	0	8	234.56
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		2	4		2	0	0	8														
234.56																							
B.	Full Name (Last, First, Middle Initial) Auburn Quad Mailing Address PO Box 390728 City Cambridge State MA Zip Code 02139 Purpose of Disbursement process fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D214909 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">54.37</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	6		2	0	0	8	54.37
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		0	6		2	0	0	8														
54.37																							
C.	Full Name (Last, First, Middle Initial) Auburn Quad Mailing Address PO Box 390728 City Cambridge State MA Zip Code 02139 Purpose of Disbursement process fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D214910 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">108.24</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	4		2	0	0	8	108.24
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		0	4		2	0	0	8														
108.24																							

SUBTOTAL of Disbursements This Page (optional) ▶	<table border="1"> <tr> <td style="text-align: right;">397.17</td> </tr> </table>	397.17
397.17		
TOTAL This Period (last page this line number only) ▶	<table border="1"> <tr> <td style="height: 20px;"></td> </tr> </table>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)
Don for New Mexico

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Auburn Quad</p> <p>Mailing Address PO Box 390728</p> <p>City Cambridge State MA Zip Code 02139</p> <p>Purpose of Disbursement process fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D213645</p> <p>Date of Disbursement 04 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 77.04</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Auburn Quad</p> <p>Mailing Address PO Box 390728</p> <p>City Cambridge State MA Zip Code 02139</p> <p>Purpose of Disbursement process fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D214424</p> <p>Date of Disbursement 04 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 205.42</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Auburn Quad</p> <p>Mailing Address PO Box 390728</p> <p>City Cambridge State MA Zip Code 02139</p> <p>Purpose of Disbursement process fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D214428</p> <p>Date of Disbursement 04 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 292.30</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

574.76

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.

Full Name (Last, First, Middle Initial)
Auburn Quad

Mailing Address PO Box 390728

City State Zip Code
Cambridge MA 02139

Purpose of Disbursement
process fees

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D215050
Date of Disbursement

05 / 14 / 2008

Amount of Each Disbursement this Period

200.47

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Caroline Buerkle

Mailing Address 4405 Willow View Lane NW

City State Zip Code
Albuquerque NM 87120

Purpose of Disbursement
entertainment for an event

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D214893
Date of Disbursement

04 / 18 / 2008

Amount of Each Disbursement this Period

335.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

* In-Kind Received

C.

Full Name (Last, First, Middle Initial)
Buzzmaker, LLC

Mailing Address 1013 Quebec Pplace NW

City State Zip Code
Washington DC 20010

Purpose of Disbursement
web/tech support

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D214469
Date of Disbursement

05 / 02 / 2008

Amount of Each Disbursement this Period

3099.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

3634.47

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.

Full Name (Last, First, Middle Initial)
Buzzmaker, LLC

Transaction ID: D200539
Date of Disbursement

Mailing Address 1013 Quebec Pplace NW

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	0	8

City Washington State DC Zip Code 20010

Amount of Each Disbursement this Period

3099.00

Purpose of Disbursement web/tech support
Candidate Name

001

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
Janalynn L Castillo

Transaction ID: D200557
Date of Disbursement

Mailing Address 9814 Gold Dust Dr

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	0	8

City Bakersfield State CA Zip Code 93311

Amount of Each Disbursement this Period

37.08

Purpose of Disbursement office supplies/Target
Candidate Name

001

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
Janalynn L Castillo

Transaction ID: D214475
Date of Disbursement

Mailing Address 9814 Gold Dust Dr

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	0	8

City Bakersfield State CA Zip Code 93311

Amount of Each Disbursement this Period

29.13

Purpose of Disbursement supplies:Office Depot
Candidate Name

001

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional)

3165.21

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.	Full Name (Last, First, Middle Initial) Fred Cisneros	Transaction ID: D215215 Date of Disbursement 04 / 24 / 2008
	Mailing Address 2904 Rodeo Pk Dr East	Amount of Each Disbursement this Period 1565.00
	City Santa Fe State NM Zip Code 87505	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement graphic design fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		* In-Kind Received

B.	Full Name (Last, First, Middle Initial) Fred Cisneros	Transaction ID: D215216 Date of Disbursement 04 / 24 / 2008
	Mailing Address 2904 Rodeo Pk Dr East	Amount of Each Disbursement this Period 763.00
	City Santa Fe State NM Zip Code 87505	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement graphic design fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		* In-Kind Received

C.	Full Name (Last, First, Middle Initial) City Of Santa Fe	Transaction ID: D214464 Date of Disbursement 04 / 15 / 2008
	Mailing Address 120 So Federal Place	Amount of Each Disbursement this Period 250.00
	City Santa Fe State NM Zip Code 87501	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement park rental Candidate Name	007 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2578.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.	Full Name (Last, First, Middle Initial) Comcast Mailing Address PO Box 660618 City Dallas State TX Zip Code 75266-0618 Purpose of Disbursement cable Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D199694 Date of Disbursement 04 / 01 / 2008 Amount of Each Disbursement this Period 63.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Comcast Mailing Address PO Box 660618 City Dallas State TX Zip Code 75266-0618 Purpose of Disbursement cable Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D214442 Date of Disbursement 04 / 11 / 2008 Amount of Each Disbursement this Period 63.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Compupay Mailing Address 2700 N Central Ave #1100 City Phoenix State AZ Zip Code 85004 Purpose of Disbursement process fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D200558 Date of Disbursement 04 / 01 / 2008 Amount of Each Disbursement this Period 54.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

181.32

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.	Full Name (Last, First, Middle Initial) Compupay	Transaction ID: D214912 Date of Disbursement																			
	Mailing Address 2700 N Central Ave #1100	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	5		2	0	0	8												
	City Phoenix State AZ Zip Code 85004	Amount of Each Disbursement this Period																			
	Purpose of Disbursement process fees	<table border="1"><tr><td>53.10</td></tr></table>	53.10																		
53.10																					
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type: 001																			
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																				

B.	Full Name (Last, First, Middle Initial) Compupay	Transaction ID: D214915 Date of Disbursement																			
	Mailing Address 2700 N Central Ave #1100	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	1		2	0	0	8												
	City Phoenix State AZ Zip Code 85004	Amount of Each Disbursement this Period																			
	Purpose of Disbursement process fee	<table border="1"><tr><td>53.10</td></tr></table>	53.10																		
53.10																					
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type: 001																			
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																				

C.	Full Name (Last, First, Middle Initial) CyberMesa	Transaction ID: D214446 Date of Disbursement																			
	Mailing Address 4200 Rodeo Rd	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	1		2	0	0	8												
	City Santa Fe State NM Zip Code 87507	Amount of Each Disbursement this Period																			
	Purpose of Disbursement phone service	<table border="1"><tr><td>342.66</td></tr></table>	342.66																		
342.66																					
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type: 001																			
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>448.86</td></tr></table>	448.86
448.86		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.	Full Name (Last, First, Middle Initial) CyberMesa <hr/> Mailing Address 4200 Rodeo Rd <hr/> City Santa Fe State NM Zip Code 87507 <hr/> Purpose of Disbursement phone service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D214447 Date of Disbursement 05 / 02 / 2008 <hr/> Amount of Each Disbursement this Period 380.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Democratic Women Of NM <hr/> Mailing Address 123 Juniper Rd <hr/> City Placitas State NM Zip Code 87043 <hr/> Purpose of Disbursement advertisement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D200552 Date of Disbursement 04 / 01 / 2008 <hr/> Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Barbara Dodge <hr/> Mailing Address 3812 Smith SE <hr/> City Albuquerque State NM Zip Code 87108 <hr/> Purpose of Disbursement accounting fees & expenses Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D200537 Date of Disbursement 04 / 01 / 2008 <hr/> Amount of Each Disbursement this Period 2435.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

3815.49

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A. Full Name (Last, First, Middle Initial) Dynamic Communications Inc <hr/> Mailing Address PO Box 10588 <hr/> City Albuquerque State NM Zip Code 87184-0588 Purpose of Disbursement telephone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D199695 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 224.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type 001
B. Full Name (Last, First, Middle Initial) Fedex <hr/> Mailing Address 6075 Poplar Ave <hr/> City Memphis State TN Zip Code 38119 Purpose of Disbursement postage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D200548 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 40.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type 001
C. Full Name (Last, First, Middle Initial) Focus Ink Inc <hr/> Mailing Address 335-B Jefferson NE <hr/> City Albuquerque State NM Zip Code 87108 Purpose of Disbursement printing expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D199660 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 7901.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type 006

SUBTOTAL of Disbursements This Page (optional) ▶

8166.14

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Gold Communications</p> <p>Mailing Address 1617 West 6th Ste B</p> <p>City Austin State TX Zip Code 78703</p> <p>Purpose of Disbursement print campaign materials</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D200547</p> <p>Date of Disbursement 04 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 4842.60</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Haussamen Publications Inc</p> <p>Mailing Address 4993 Rock Court</p> <p>City Las Cruces State NM Zip Code 88012-0640</p> <p>Purpose of Disbursement web ads</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D214460</p> <p>Date of Disbursement 04 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 674.89</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Haussamen Publications Inc</p> <p>Mailing Address 4993 Rock Court</p> <p>City Las Cruces State NM Zip Code 88012-0640</p> <p>Purpose of Disbursement web ads</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D199691</p> <p>Date of Disbursement 04 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 482.06</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5999.55

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

<p>A. Full Name (Last, First, Middle Initial) Jennifer Swanson Consulting</p> <p>Mailing Address 1215 T St NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement fundraising fees & expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D200543</p> <p>Date of Disbursement 04 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 3150.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Lake Research Partners</p> <p>Mailing Address 1726 M St NW #500</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement research</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D200593</p> <p>Date of Disbursement 04 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 19395.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Level 3 Digital</p> <p>Mailing Address 4411 McLeod Rd NE #G</p> <p>City Albuquerque State NM Zip Code 87109</p> <p>Purpose of Disbursement media production</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D214466</p> <p>Date of Disbursement 05 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 395.44</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

22940.44

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

<p>A.</p> <p>Full Name (Last, First, Middle Initial) NGP Software Inc</p> <p>Mailing Address 1225 Eye St NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement software</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D214441</p> <p>Date of Disbursement 04 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) NM Bank & Trust</p> <p>Mailing Address PO Box 1048</p> <p>City Albuquerque State NM Zip Code 87103-1048</p> <p>Purpose of Disbursement bank fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D214456</p> <p>Date of Disbursement 05 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 16.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) NM Bank & Trust</p> <p>Mailing Address PO Box 1048</p> <p>City Albuquerque State NM Zip Code 87103-1048</p> <p>Purpose of Disbursement bank charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D214457</p> <p>Date of Disbursement 04 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 16.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1532.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.	Full Name (Last, First, Middle Initial) NM Bank & Trust	Transaction ID: D214458 Date of Disbursement 04 / 14 / 2008
	Mailing Address PO Box 1048	Amount of Each Disbursement this Period 16.00
	City Albuquerque State NM Zip Code 87103-1048	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement bank charges Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/ Type

B.	Full Name (Last, First, Middle Initial) NM Bank & Trust	Transaction ID: D214459 Date of Disbursement 04 / 21 / 2008
	Mailing Address PO Box 1048	Amount of Each Disbursement this Period 16.00
	City Albuquerque State NM Zip Code 87103-1048	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement bank charges Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/ Type

C.	Full Name (Last, First, Middle Initial) NM Bank & Trust	Transaction ID: D200535 Date of Disbursement 04 / 07 / 2008
	Mailing Address PO Box 1048	Amount of Each Disbursement this Period 16.00
	City Albuquerque State NM Zip Code 87103-1048	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement bank charge Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/ Type

SUBTOTAL of Disbursements This Page (optional)	▶	48.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

<p>A.</p> <p>Full Name (Last, First, Middle Initial) NM Bank & Trust</p> <p>Mailing Address PO Box 1048</p> <p>City Albuquerque State NM Zip Code 87103-1048</p> <p>Purpose of Disbursement bank charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D200536</p> <p>Date of Disbursement 04 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 16.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) NM Bank & Trust</p> <p>Mailing Address PO Box 1048</p> <p>City Albuquerque State NM Zip Code 87103-1048</p> <p>Purpose of Disbursement equipment lease</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D214901</p> <p>Date of Disbursement 04 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 606.55</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) NM Bank & Trust</p> <p>Mailing Address PO Box 1048</p> <p>City Albuquerque State NM Zip Code 87103-1048</p> <p>Purpose of Disbursement bank service fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D214902</p> <p>Date of Disbursement 04 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 0.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

623.30

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.

Full Name (Last, First, Middle Initial)
NM Taxation & Revenue

Mailing Address PO Box 25128

City Santa Fe State NM Zip Code 87504-5128

Purpose of Disbursement
payroll tax

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D214463
Date of Disbursement

04 / 23 / 2008

Amount of Each Disbursement this Period

34.40

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Prisma Graphics Corp

Mailing Address 2937 E broadway Rd #100

City Phoenix State AZ Zip Code 85040

Purpose of Disbursement
print materials

Candidate Name

004
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D200538
Date of Disbursement

04 / 01 / 2008

Amount of Each Disbursement this Period

1791.35

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
QWest

Mailing Address PO Box 29039

City Phoenix State AZ Zip Code 85038-9039

Purpose of Disbursement
telephone

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D200542
Date of Disbursement

04 / 01 / 2008

Amount of Each Disbursement this Period

82.32

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1908.07

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.	Full Name (Last, First, Middle Initial) S & B Public Solutions, LLC Mailing Address 1000 Potomoc ST NW #500 City Washington State DC Zip Code 20007 Purpose of Disbursement consultant - strategist Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D199658 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 8 Amount of Each Disbursement this Period 13000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) S & B Public Solutions, LLC Mailing Address 1000 Potomoc ST NW #500 City Washington State DC Zip Code 20007 Purpose of Disbursement consultant - strategist Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D214465 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 8 Amount of Each Disbursement this Period 17000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Santa Fe Sports & Images LLC Mailing Address 2107 Warner Circle City Santa Fe State NM Zip Code 87505 Purpose of Disbursement T-shirts Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D214461 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 8 Amount of Each Disbursement this Period 377.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	30377.23
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.	Full Name (Last, First, Middle Initial) The Campaign Group	Transaction ID: D214452 Date of Disbursement 04 / 14 / 2008
	Mailing Address 1600 Locust St	Amount of Each Disbursement this Period 60000.00
	City Philadelphia State PA Zip Code 19103	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement media buy Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		004 Category/ Type

B.	Full Name (Last, First, Middle Initial) The Campaign Group	Transaction ID: D214453 Date of Disbursement 04 / 21 / 2008
	Mailing Address 1600 Locust St	Amount of Each Disbursement this Period 60000.00
	City Philadelphia State PA Zip Code 19103	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement media buy Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		004 Category/ Type

C.	Full Name (Last, First, Middle Initial) The Campaign Group	Transaction ID: D214454 Date of Disbursement 04 / 28 / 2008
	Mailing Address 1600 Locust St	Amount of Each Disbursement this Period 60000.00
	City Philadelphia State PA Zip Code 19103	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement media buy Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		004 Category/ Type

SUBTOTAL of Disbursements This Page (optional)	180000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

<p>A. Full Name (Last, First, Middle Initial) The Campaign Group</p> <p>Mailing Address 1600 Locust St</p> <p>City Philadelphia State PA Zip Code 19103</p> <p>Purpose of Disbursement media buy</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D214455</p> <p>Date of Disbursement 05 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 60000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) The Campaign Group</p> <p>Mailing Address 1600 Locust St</p> <p>City Philadelphia State PA Zip Code 19103</p> <p>Purpose of Disbursement media buy</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D200533</p> <p>Date of Disbursement 04 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 60000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) The Campaign Group</p> <p>Mailing Address 1600 Locust St</p> <p>City Philadelphia State PA Zip Code 19103</p> <p>Purpose of Disbursement media buy</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D200534</p> <p>Date of Disbursement 04 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 60000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

180000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.	Full Name (Last, First, Middle Initial) The Lofts Mailing Address 3600 Cerrillos Rd #718 City Santa Fe State NM Zip Code 87507-2690 Purpose of Disbursement Verizon phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D214444 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 8 Amount of Each Disbursement this Period 109.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) The Lofts Mailing Address 3600 Cerrillos Rd #718 City Santa Fe State NM Zip Code 87507-2690 Purpose of Disbursement Verizon phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D214445 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 8 Amount of Each Disbursement this Period 109.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Ms. Theresa Trujeque Mailing Address 108 Kjersti Ct. City Corrales State NM Zip Code 87048 Purpose of Disbursement entertainment for event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D214894 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 8 Amount of Each Disbursement this Period 330.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 * In-Kind Received

SUBTOTAL of Disbursements This Page (optional) ▶	549.96
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.

Full Name (Last, First, Middle Initial)
Della Valerio

Mailing Address PO Box 411

City Las Vegas State NM Zip Code 87701

Purpose of Disbursement
consultant - voting outreach

Candidate Name

005
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D214897
Date of Disbursement

05 / 13 / 2008

Amount of Each Disbursement this Period

500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Varela Real Estate Inc

Mailing Address 1526 Cerrillos Rd

City Santa Fe State NM Zip Code 87505

Purpose of Disbursement
office rent

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D214443
Date of Disbursement

05 / 02 / 2008

Amount of Each Disbursement this Period

1480.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Varela Real Estate Inc

Mailing Address 1526 Cerrillos Rd

City Santa Fe State NM Zip Code 87505

Purpose of Disbursement
rent & utilities

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D214436
Date of Disbursement

04 / 11 / 2008

Amount of Each Disbursement this Period

1603.35

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

3583.35

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.	Full Name (Last, First, Middle Initial) Verizon Mailing Address PO Box 9688 City Mission Hills State CA Zip Code 91346-9688 Purpose of Disbursement telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D214437 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 8 Amount of Each Disbursement this Period 11.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Verizon Mailing Address PO Box 9688 City Mission Hills State CA Zip Code 91346-9688 Purpose of Disbursement cell phones Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D214438 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 8 Amount of Each Disbursement this Period 549.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Verizon Mailing Address PO Box 9688 City Mission Hills State CA Zip Code 91346-9688 Purpose of Disbursement cell phones Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D214439 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 8 Amount of Each Disbursement this Period 364.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

925.29

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.	Full Name (Last, First, Middle Initial) Verizon Mailing Address PO Box 9688 City Mission Hills State CA Zip Code 91346-9688 Purpose of Disbursement telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D214440 Date of Disbursement 05 / 02 / 2008 Amount of Each Disbursement this Period 11.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Verizon Mailing Address PO Box 9688 City Mission Hills State CA Zip Code 91346-9688 Purpose of Disbursement cell phones Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D199665 Date of Disbursement 04 / 01 / 2008 Amount of Each Disbursement this Period 1737.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) zata/3 Consulting LLC Mailing Address 458 New Jersey Ave SE City Washington State DC Zip Code 20003 Purpose of Disbursement research Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D200541 Date of Disbursement 04 / 01 / 2008 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

2749.10

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

<p>A. Full Name (Last, First, Middle Initial) zata/3 Consulting LLC</p> <p>Mailing Address 458 New Jersey Ave SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement research</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D214449</p> <p>Date of Disbursement 04 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 710.04</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Owen Pollock</p> <p>Mailing Address 1780 Robinhood Rd</p> <p>City Winston-Salem State NC Zip Code 27104</p> <p>Purpose of Disbursement event materials</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D200544</p> <p>Date of Disbursement 04 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 387.70</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Paper Unlimited</p> <p>Mailing Address 328 So Guadalupe</p> <p>City Santa Fe State NM Zip Code 87501</p> <p>Purpose of Disbursement invitations</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D200546</p> <p>Date of Disbursement 04 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 350.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1097.74

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.	Full Name (Last, First, Middle Initial) US Postmaster	Transaction ID: D200545
	Mailing Address Cornado Station	Date of Disbursement 04 / 01 / 2008
	City Santa Fe	State NM
	Zip Code 87505	Amount of Each Disbursement this Period 36.90
Purpose of Disbursement postage	Category/ Type 003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	
B.	Full Name (Last, First, Middle Initial) Erik Bal	Transaction ID: D200549
	Mailing Address 5065 Santa Monica Blvd	Date of Disbursement 04 / 01 / 2008
	City Whitefish Bay	State WI
	Zip Code 53217	Amount of Each Disbursement this Period 283.37
Purpose of Disbursement travel expenses	Category/ Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	
C.	Full Name (Last, First, Middle Initial) Doralei Davis	Transaction ID: D200554
	Mailing Address 4808 Juneau Hills Dr NE	Date of Disbursement 04 / 01 / 2008
	City Rio Rancho	State NM
	Zip Code 87144	Amount of Each Disbursement this Period 89.36
Purpose of Disbursement office expenses	Category/ Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶

372.73

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A. Full Name (Last, First, Middle Initial) Compupay Mailing Address 2700 N Central Ave #1100 City Phoenix State AZ Zip Code 85004 Purpose of Disbursement payroll & taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D200559 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 22130.43
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type 001

B. Full Name (Last, First, Middle Initial) Erik Bal Mailing Address 5065 Santa Monica Blvd City Whitefish Bay State WI Zip Code 53217 Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D200564 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1462.86
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Category/Type 001

C. Full Name (Last, First, Middle Initial) Julie Calloway Mailing Address 6303 Turquoise Trail City Rio Rancho State NM Zip Code 87144 Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D200565 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 147.52
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Category/Type []

SUBTOTAL of Disbursements This Page (optional) ▶	22130.43
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.

Full Name (Last, First, Middle Initial)
Webster Cash

Mailing Address 4323 N 30th St

City Boulder State CO Zip Code 80301

Purpose of Disbursement
payroll

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D200566
Date of Disbursement

04 / 01 / 2008

Amount of Each Disbursement this Period

1461.18

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Janalynn L Castillo

Mailing Address 9814 Gold Dust Dr

City Bakersfield State CA Zip Code 93311

Purpose of Disbursement
payroll

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D200567
Date of Disbursement

04 / 01 / 2008

Amount of Each Disbursement this Period

1637.41

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Doralei Davis

Mailing Address 4808 Juneau Hills Dr NE

City Rio Rancho State NM Zip Code 87144

Purpose of Disbursement
payroll

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D200574
Date of Disbursement

04 / 01 / 2008

Amount of Each Disbursement this Period

1354.87

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.	Full Name (Last, First, Middle Initial) IRS	Transaction ID: D200560 Date of Disbursement 04 / 01 / 2008
	Mailing Address PO Box 63335	Amount of Each Disbursement this Period 5054.12
	City Philadelphia State PA Zip Code 19114-8335	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement F941 PR taxes Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) IRS	Transaction ID: D200561 Date of Disbursement 04 / 07 / 2008
	Mailing Address PO Box 63335	Amount of Each Disbursement this Period 72.20
	City Philadelphia State PA Zip Code 19114-8335	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement F940 PR tax Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

C.	Full Name (Last, First, Middle Initial) Pilar Moreno	Transaction ID: D200578 Date of Disbursement 04 / 01 / 2008
	Mailing Address PO Box 322	Amount of Each Disbursement this Period 1383.61
	City Portales State NM Zip Code 88130	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement payroll Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

<p>A. Full Name (Last, First, Middle Initial) NM Dept Of Labor</p> <p>Mailing Address PO Box 2281</p> <p>City Albuquerque State NM Zip Code 87103</p> <p>Purpose of Disbursement suta taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D200562</p> <p>Date of Disbursement 04 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 283.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) NM Taxation & Revenue</p> <p>Mailing Address PO Box 25128</p> <p>City Santa Fe State NM Zip Code 87504-5128</p> <p>Purpose of Disbursement NM w/holding taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D200563</p> <p>Date of Disbursement 04 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 589.19</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Lisbeth Olhasso</p> <p>Mailing Address 5145 Solliden Lane</p> <p>City La Canada State CA Zip Code 91011</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D200580</p> <p>Date of Disbursement 04 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 1978.65</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.	Full Name (Last, First, Middle Initial) Owen Pollock	Transaction ID: D200581 Date of Disbursement 04 / 01 / 2008
	Mailing Address 1780 Robinhood Rd	Amount of Each Disbursement this Period 2141.03
	City Winston-Salem State NC Zip Code 27104	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement payroll Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ms. Theresa Trujeque	Transaction ID: D200582 Date of Disbursement 04 / 01 / 2008
	Mailing Address 108 Kjersti Ct.	Amount of Each Disbursement this Period 2849.28
	City Corrales State NM Zip Code 87048	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement payroll Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Katie A Wahlert	Transaction ID: D200583 Date of Disbursement 04 / 01 / 2008
	Mailing Address 7758 Hamilton St	Amount of Each Disbursement this Period 1715.01
	City Omaha State NE Zip Code 68114	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement payroll Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address PO Box 4512

City State Zip Code
Carol Stream IL 60197-4512

Purpose of Disbursement
credit card payment

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D201941
Date of Disbursement

04 / 09 / 2008

Amount of Each Disbursement this Period

2640.15

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
ABQ Publishing Co

Mailing Address 7777 Jefferson NE

City State Zip Code
Albuquerque NM 87109

Purpose of Disbursement
subscription

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D215041
Date of Disbursement

04 / 01 / 2008

Amount of Each Disbursement this Period

38.25

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Clear Channel Outdoor

Mailing Address 458 Industrial Ave NE

City State Zip Code
Albuquerque NM 87107

Purpose of Disbursement
billboard advertisement

Candidate Name

004
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D215045
Date of Disbursement

04 / 02 / 2008

Amount of Each Disbursement this Period

1693.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

2640.15

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.	Full Name (Last, First, Middle Initial) FairField Inn byMarriott	Transaction ID: D215042 Date of Disbursement 04 / 04 / 2008
	Mailing Address 1201 N Main	Amount of Each Disbursement this Period 111.31
	City Roswell State NM Zip Code 88201	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement lodging Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FairField Inn byMarriott	Transaction ID: D202034 Date of Disbursement 04 / 09 / 2008
	Mailing Address 1201 N Main	Amount of Each Disbursement this Period 2.73
	City Roswell State NM Zip Code 88201	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement office supplies Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Focus Ink Inc	Transaction ID: D215046 Date of Disbursement 04 / 04 / 2008
	Mailing Address 335-B Jefferson NE	Amount of Each Disbursement this Period 176.35
	City Albuquerque State NM Zip Code 87108	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement business cards Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.

Full Name (Last, First, Middle Initial)
Giant/Robert Oil

Mailing Address 3703 Cerrillos Rd

City Santa Fe State NM Zip Code 87505

Purpose of Disbursement
travel expense

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D215035
Date of Disbursement

04 / 04 / 2008

Amount of Each Disbursement this Period

50.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Giant/Robert Oil

Mailing Address 3703 Cerrillos Rd

City Santa Fe State NM Zip Code 87505

Purpose of Disbursement
travel expense

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D215036
Date of Disbursement

04 / 04 / 2008

Amount of Each Disbursement this Period

75.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Hampton Inn

Mailing Address 1500 Bloomfield Blvd

City Farmington State NM Zip Code 87401

Purpose of Disbursement
lodging

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D215043
Date of Disbursement

04 / 04 / 2008

Amount of Each Disbursement this Period

115.98

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Hampton Inn</p> <p>Mailing Address 1500 Bloomfield Blvd</p> <p>City Farmington State NM Zip Code 87401</p> <p>Purpose of Disbursement lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D215044</p> <p>Date of Disbursement 04 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 122.97</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Office Depot</p> <p>Mailing Address 2016 Cerrillos Rd</p> <p>City Santa Fe State NM Zip Code 87505</p> <p>Purpose of Disbursement returned office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D215038</p> <p>Date of Disbursement 04 / 04 / 2008</p> <p>Amount of Each Disbursement this Period -2.06</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Office Depot</p> <p>Mailing Address 2016 Cerrillos Rd</p> <p>City Santa Fe State NM Zip Code 87505</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D215039</p> <p>Date of Disbursement 04 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 32.67</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

<p>A. Full Name (Last, First, Middle Initial) Office Depot</p> <p>Mailing Address 2016 Cerrillos Rd</p> <p>City Santa Fe State NM Zip Code 87505</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D215040</p> <p>Date of Disbursement 04 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 46.37</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Landry & Ludewig LLP</p> <p>Mailing Address 1007 Marquette NW</p> <p>City Albuquerque State NM Zip Code 87102</p> <p>Purpose of Disbursement legal fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D214467</p> <p>Date of Disbursement 05 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 10000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Ms. Theresa Trujeque</p> <p>Mailing Address 108 Kjersti Ct.</p> <p>City Corrales State NM Zip Code 87048</p> <p>Purpose of Disbursement reimb event supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D214470</p> <p>Date of Disbursement 05 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 89.23</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

10089.23

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.

Full Name (Last, First, Middle Initial)
Costco

Mailing Address 500 Eubank Blvd SE

City Albuquerque State NM Zip Code 87123

Purpose of Disbursement
food for event

Candidate Name

007
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D214471
Date of Disbursement

05 / 02 / 2008

Amount of Each Disbursement this Period

89.23

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Katie A Wahlert

Mailing Address 7758 Hamilton St

City Omaha State NE Zip Code 68114

Purpose of Disbursement
food for event

Candidate Name

007
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D214472
Date of Disbursement

05 / 02 / 2008

Amount of Each Disbursement this Period

16.09

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Smith's

Mailing Address 2308 Cerrillos Rd

City Santa Fe State NM Zip Code 87501

Purpose of Disbursement
food for event

Candidate Name

007
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D214473
Date of Disbursement

05 / 02 / 2008

Amount of Each Disbursement this Period

16.09

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

16.09

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.	Full Name (Last, First, Middle Initial) Lisbeth Olhasso Mailing Address 5145 Solliden Lane City La Canada State CA Zip Code 91011 Purpose of Disbursement supplies for event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D214476 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 8 Amount of Each Disbursement this Period 154.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Costco Mailing Address 500 Eubank Blvd SE City Albuquerque State NM Zip Code 87123 Purpose of Disbursement supplies for event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D214479 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 8 Amount of Each Disbursement this Period 121.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Visa Mailing Address PO Box 4512 City Carol Stream State IL Zip Code 60197-4512 Purpose of Disbursement credit card payment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D214905 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 8 Amount of Each Disbursement this Period 1180.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1335.39

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.

Full Name (Last, First, Middle Initial)
Days Inn & Suites

Mailing Address 1120 S 1st St

City Clayton State NM Zip Code 88415-2102

Purpose of Disbursement
lodging

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D215027
Date of Disbursement

04 / 11 / 2008

Amount of Each Disbursement this Period

200.70

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Giant/Robert Oil

Mailing Address 3703 Cerrillos Rd

City Santa Fe State NM Zip Code 87505

Purpose of Disbursement
travel expense

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D215023
Date of Disbursement

04 / 09 / 2008

Amount of Each Disbursement this Period

13.80

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Giant/Robert Oil

Mailing Address 3703 Cerrillos Rd

City Santa Fe State NM Zip Code 87505

Purpose of Disbursement
travel expense

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D215024
Date of Disbursement

04 / 10 / 2008

Amount of Each Disbursement this Period

75.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.

Full Name (Last, First, Middle Initial)
Giant/Robert Oil

Transaction ID: D215025
Date of Disbursement

Mailing Address 3703 Cerrillos Rd

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	0	8

City State Zip Code
Santa Fe NM 87505

Amount of Each Disbursement this Period

75.00

Purpose of Disbursement
travel expense
Candidate Name

002

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
Hampton Inn

Transaction ID: D215020
Date of Disbursement

Mailing Address 1500 Bloomfield Blvd

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	0	8

City State Zip Code
Farmington NM 87401

Amount of Each Disbursement this Period

104.83

Purpose of Disbursement
lodging
Candidate Name

002

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
Hampton Inn

Transaction ID: D215022
Date of Disbursement

Mailing Address 1500 Bloomfield Blvd

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	0	8

City State Zip Code
Farmington NM 87401

Amount of Each Disbursement this Period

104.83

Purpose of Disbursement
lodging
Candidate Name

002

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.	Full Name (Last, First, Middle Initial) Home Depot	Transaction ID: D215030 Date of Disbursement 04 / 14 / 2008
	Mailing Address 7700 US 550 NE	Amount of Each Disbursement this Period 223.03
	City Rio Rancho State NM Zip Code 87124	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement building supplies Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Lithia Chrysler	Transaction ID: D215028 Date of Disbursement 04 / 12 / 2008
	Mailing Address 4470 Cerrillos Rd	Amount of Each Disbursement this Period 155.03
	City Santa Fe State NM Zip Code 87507	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement equipment repair Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: D215029 Date of Disbursement 04 / 14 / 2008
	Mailing Address 2016 Cerrillos Rd	Amount of Each Disbursement this Period 79.42
	City Santa Fe State NM Zip Code 87505	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement office supplies Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.	Full Name (Last, First, Middle Initial) Smith's Mailing Address 2308 Cerrillos Rd City Santa Fe State NM Zip Code 87501 Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D215032 Date of Disbursement 04 / 18 / 2008 Amount of Each Disbursement this Period 15.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Visa Mailing Address PO Box 4512 City Carol Stream State IL Zip Code 60197-4512 Purpose of Disbursement overpaid credit card Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D215033 Date of Disbursement 04 / 21 / 2008 Amount of Each Disbursement this Period 21.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Visa Mailing Address PO Box 4512 City Carol Stream State IL Zip Code 60197-4512 Purpose of Disbursement credit card payment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D214908 Date of Disbursement 05 / 03 / 2008 Amount of Each Disbursement this Period 1481.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1481.49

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.

Full Name (Last, First, Middle Initial)
Best Buy

Mailing Address 3533 Zafarano Dr

City State Zip Code
Santa Fe NM 87507

Purpose of Disbursement
office supplies
Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D219881
Date of Disbursement

05 / 03 / 2008

Amount of Each Disbursement this Period

44.24

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Giant/Robert Oil

Mailing Address 3703 Cerrillos Rd

City State Zip Code
Santa Fe NM 87505

Purpose of Disbursement
travel expense
Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D219864
Date of Disbursement

05 / 03 / 2008

Amount of Each Disbursement this Period

93.25

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Giant/Robert Oil

Mailing Address 3703 Cerrillos Rd

City State Zip Code
Santa Fe NM 87505

Purpose of Disbursement
travel expense
Candidate Name

002
Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D219865
Date of Disbursement

05 / 03 / 2008

Amount of Each Disbursement this Period

75.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.	Full Name (Last, First, Middle Initial) Giant/Robert Oil	Transaction ID: D219866 Date of Disbursement 05 / 03 / 2008
	Mailing Address 3703 Cerrillos Rd	Amount of Each Disbursement this Period 25.38
	City Santa Fe State NM Zip Code 87505	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement travel expense Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Giant/Robert Oil	Transaction ID: D219867 Date of Disbursement 05 / 03 / 2008
	Mailing Address 3703 Cerrillos Rd	Amount of Each Disbursement this Period 75.00
	City Santa Fe State NM Zip Code 87505	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement travel expense Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Giant/Robert Oil	Transaction ID: D219868 Date of Disbursement 05 / 03 / 2008
	Mailing Address 3703 Cerrillos Rd	Amount of Each Disbursement this Period 88.85
	City Santa Fe State NM Zip Code 87505	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement travel expense Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.	Full Name (Last, First, Middle Initial) Holiday Inn			Transaction ID: D219871 Date of Disbursement 05 / 03 / 2008	
	Mailing Address 4048 Cerrillos Rd			Amount of Each Disbursement this Period 236.52	
City Santa Fe State NM Zip Code 87507			Category/Type 002		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Purpose of Disbursement lodging					
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					

B.	Full Name (Last, First, Middle Initial) Home Depot			Transaction ID: D219874 Date of Disbursement 05 / 03 / 2008	
	Mailing Address 7700 US 550 NE			Amount of Each Disbursement this Period 131.21	
City Rio Rancho State NM Zip Code 87124			Category/Type 007		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Purpose of Disbursement building supplies					
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					

C.	Full Name (Last, First, Middle Initial) Home Depot			Transaction ID: D219862 Date of Disbursement 05 / 03 / 2008	
	Mailing Address 7700 US 550 NE			Amount of Each Disbursement this Period 217.59	
City Rio Rancho State NM Zip Code 87124			Category/Type 006		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Purpose of Disbursement building supplies					
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.	Full Name (Last, First, Middle Initial) Smith's	Transaction ID: D219876 Date of Disbursement 05 / 03 / 2008
	Mailing Address 2308 Cerrillos Rd	Amount of Each Disbursement this Period 34.64
	City Santa Fe State NM Zip Code 87501	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement food & beverages Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		007 Category/Type

B.	Full Name (Last, First, Middle Initial) US Postmaster	Transaction ID: D219877 Date of Disbursement 05 / 03 / 2008
	Mailing Address Cornado Station	Amount of Each Disbursement this Period 8.20
	City Santa Fe State NM Zip Code 87505	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement postage Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

C.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D219885 Date of Disbursement 05 / 03 / 2008
	Mailing Address PO Box 4512	Amount of Each Disbursement this Period -21.65
	City Carol Stream State IL Zip Code 60197-4512	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement under paid credit card Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.

Full Name (Last, First, Middle Initial)
USAA Credit Card Services

Transaction ID: D214911
Date of Disbursement

Mailing Address 10750 McDermott Fwy

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	0	8

City San Antonio State TX Zip Code 78288-0570

Amount of Each Disbursement this Period

2480.15

Purpose of Disbursement
credit card payment

001
Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
China Moon Restaurant

Transaction ID: D215008
Date of Disbursement

Mailing Address 121 Central Park Sq

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	0	8

City Los Alamos State NM Zip Code 87544

Amount of Each Disbursement this Period

285.85

Purpose of Disbursement
event catering

007
Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Fairmont Copley Plaza

Transaction ID: D215014
Date of Disbursement

Mailing Address 13 Saint James Ave

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	0	8

City Boston State MA Zip Code 02116-3807

Amount of Each Disbursement this Period

782.58

Purpose of Disbursement
lodging

002
Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

2480.15

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.

Full Name (Last, First, Middle Initial)
Fairmont Copley Plaza

Mailing Address 13 Saint James Ave

City State Zip Code
Boston MA 02116-3807

Purpose of Disbursement
lodging

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D215015
Date of Disbursement

05 / 01 / 2008

Amount of Each Disbursement this Period

765.90

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Giant/Robert Oil

Mailing Address 3703 Cerrillos Rd

City State Zip Code
Santa Fe NM 87505

Purpose of Disbursement
travel expense

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D215000
Date of Disbursement

05 / 01 / 2008

Amount of Each Disbursement this Period

83.17

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Giant/Robert Oil

Mailing Address 3703 Cerrillos Rd

City State Zip Code
Santa Fe NM 87505

Purpose of Disbursement
travel expense

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D215001
Date of Disbursement

05 / 01 / 2008

Amount of Each Disbursement this Period

74.13

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.

Full Name (Last, First, Middle Initial)
Giant/Robert Oil

Mailing Address 3703 Cerrillos Rd

City Santa Fe State NM Zip Code 87505

Purpose of Disbursement
travel expense

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D215002
Date of Disbursement

05 / 01 / 2008

Amount of Each Disbursement this Period

21.73

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Giant/Robert Oil

Mailing Address 3703 Cerrillos Rd

City Santa Fe State NM Zip Code 87505

Purpose of Disbursement
travel expense

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D215003
Date of Disbursement

05 / 01 / 2008

Amount of Each Disbursement this Period

71.51

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Giant/Robert Oil

Mailing Address 3703 Cerrillos Rd

City Santa Fe State NM Zip Code 87505

Purpose of Disbursement
travel expense

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D215004
Date of Disbursement

05 / 01 / 2008

Amount of Each Disbursement this Period

15.06

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.	Full Name (Last, First, Middle Initial) Giant/Robert Oil	Transaction ID: D215005 Date of Disbursement 05 / 01 / 2008
	Mailing Address 3703 Cerrillos Rd	Amount of Each Disbursement this Period 45.05
	City Santa Fe State NM Zip Code 87505	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement travel expense Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Giant/Robert Oil	Transaction ID: D215006 Date of Disbursement 05 / 01 / 2008
	Mailing Address 3703 Cerrillos Rd	Amount of Each Disbursement this Period 96.19
	City Santa Fe State NM Zip Code 87505	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement travel expense Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) USAA Credit Card Services	Transaction ID: D215019 Date of Disbursement 05 / 01 / 2008
	Mailing Address 10750 McDermott Fwy	Amount of Each Disbursement this Period -52.59
	City San Antonio State TX Zip Code 78288-0570	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement underpaid credit card Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A. Full Name (Last, First, Middle Initial) Compupay Mailing Address 2700 N Central Ave #1100 City Phoenix State AZ Zip Code 85004 Purpose of Disbursement payroll & taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D214913 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 21280.99
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type 001

B. Full Name (Last, First, Middle Initial) Erik Bal Mailing Address 5065 Santa Monica Blvd City Whitefish Bay State WI Zip Code 53217 Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D214965 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 1317.61
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Category/Type 001

C. Full Name (Last, First, Middle Initial) Webster Cash Mailing Address 4323 N 30th St City Boulder State CO Zip Code 80301 Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D214968 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 1763.15
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	21280.99
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.

Full Name (Last, First, Middle Initial)
Janalynn L Castillo

Mailing Address 9814 Gold Dust Dr

City Bakersfield State CA Zip Code 93311

Purpose of Disbursement
payroll

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D214972
Date of Disbursement

04 / 15 / 2008

Amount of Each Disbursement this Period

1491.98

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Doralei Davis

Mailing Address 4808 Juneau Hills Dr NE

City Rio Rancho State NM Zip Code 87144

Purpose of Disbursement
payroll

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D214976
Date of Disbursement

04 / 15 / 2008

Amount of Each Disbursement this Period

1354.87

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
IRS

Mailing Address PO Box 63335

City Philadelphia State PA Zip Code 19114-8335

Purpose of Disbursement
F941 payroll taxes

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D214920
Date of Disbursement

04 / 15 / 2008

Amount of Each Disbursement this Period

5186.54

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 100 / 118

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.

Full Name (Last, First, Middle Initial)
IRS

Mailing Address PO Box 63335

City Philadelphia State PA Zip Code 19114-8335

Purpose of Disbursement
F940 PR taxes

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D214921
Date of Disbursement

04 / 15 / 2008

Amount of Each Disbursement this Period

58.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Pilar Moreno

Mailing Address PO Box 322

City Portales State NM Zip Code 88130

Purpose of Disbursement
payroll

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D214980
Date of Disbursement

04 / 15 / 2008

Amount of Each Disbursement this Period

739.89

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
NM Dept Of Labor

Mailing Address PO Box 2281

City Albuquerque State NM Zip Code 87103

Purpose of Disbursement
NMuta tax

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D214914
Date of Disbursement

04 / 15 / 2008

Amount of Each Disbursement this Period

285.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.

Full Name (Last, First, Middle Initial)
NM Taxation & Revenue

Mailing Address PO Box 25128

City Santa Fe State NM Zip Code 87504-5128

Purpose of Disbursement
PR withholding tax

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D214918
Date of Disbursement

04 / 15 / 2008

Amount of Each Disbursement this Period

611.90

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Lisbeth Olhasso

Mailing Address 5145 Solliden Lane

City La Canada State CA Zip Code 91011

Purpose of Disbursement
payroll

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D214983
Date of Disbursement

04 / 15 / 2008

Amount of Each Disbursement this Period

1849.65

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Owen Pollock

Mailing Address 1780 Robinhood Rd

City Winston-Salem State NC Zip Code 27104

Purpose of Disbursement
payroll

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D214987
Date of Disbursement

04 / 15 / 2008

Amount of Each Disbursement this Period

2338.98

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.	Full Name (Last, First, Middle Initial) Ms. Theresa Trujeque	Transaction ID: D214992 Date of Disbursement 04 / 15 / 2008
	Mailing Address 108 Kjersti Ct.	Amount of Each Disbursement this Period 2849.28
	City Corrales State NM Zip Code 87048	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement payroll Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) Katie A Walhert	Transaction ID: D214995 Date of Disbursement 04 / 15 / 2008
	Mailing Address 7758 Hamilton St	Amount of Each Disbursement this Period 1434.14
	City Omaha State NE Zip Code 68114	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement payroll Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

C.	Full Name (Last, First, Middle Initial) Compupay	Transaction ID: D214916 Date of Disbursement 05 / 01 / 2008
	Mailing Address 2700 N Central Ave #1100	Amount of Each Disbursement this Period 20460.54
	City Phoenix State AZ Zip Code 85004	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement payroll & taxes Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

SUBTOTAL of Disbursements This Page (optional)	▶	20460.54
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.	Full Name (Last, First, Middle Initial) Erik Bal	Transaction ID: D214966 Date of Disbursement 05 / 01 / 2008
	Mailing Address 5065 Santa Monica Blvd	Amount of Each Disbursement this Period 1317.61
	City Whitefish Bay State WI Zip Code 53217	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement payroll Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Webster Cash	Transaction ID: D214970 Date of Disbursement 05 / 01 / 2008
	Mailing Address 4323 N 30th St	Amount of Each Disbursement this Period 1763.15
	City Boulder State CO Zip Code 80301	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement payroll Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Janalynn L Castillo	Transaction ID: D214975 Date of Disbursement 05 / 01 / 2008
	Mailing Address 9814 Gold Dust Dr	Amount of Each Disbursement this Period 1491.78
	City Bakersfield State CA Zip Code 93311	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement payroll Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.	Full Name (Last, First, Middle Initial) Doralei Davis Mailing Address 4808 Juneau Hills Dr NE City Rio Rancho State NM Zip Code 87144 Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D214978 Date of Disbursement 05 / 01 / 2008 Amount of Each Disbursement this Period 1354.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) IRS Mailing Address PO Box 63335 City Philadelphia State PA Zip Code 19114-8335 Purpose of Disbursement F941 PR taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D214922 Date of Disbursement 05 / 01 / 2008 Amount of Each Disbursement this Period 4985.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) IRS Mailing Address PO Box 63335 City Philadelphia State PA Zip Code 19114-8335 Purpose of Disbursement F940 PR taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D214923 Date of Disbursement 05 / 01 / 2008 Amount of Each Disbursement this Period 36.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.

Full Name (Last, First, Middle Initial)
Pilar Moreno

Mailing Address PO Box 322

City Portales State NM Zip Code 88130

Purpose of Disbursement
payroll

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D214981
Date of Disbursement

05 / 01 / 2008

Amount of Each Disbursement this Period

739.89

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
NM Dept Of Labor

Mailing Address PO Box 2281

City Albuquerque State NM Zip Code 87103

Purpose of Disbursement
NMMuta tax

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D214917
Date of Disbursement

05 / 01 / 2008

Amount of Each Disbursement this Period

275.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
NM Taxation & Revenue

Mailing Address PO Box 25128

City Santa Fe State NM Zip Code 87504-5128

Purpose of Disbursement
PR withholding taxes

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D214919
Date of Disbursement

05 / 01 / 2008

Amount of Each Disbursement this Period

587.40

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

<p>A. Full Name (Last, First, Middle Initial) Lisbeth Olhasso</p> <p>Mailing Address 5145 Solliden Lane</p> <p>City La Canada State CA Zip Code 91011</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D214985</p> <p>Date of Disbursement 05 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 1849.65</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Owen Pollock</p> <p>Mailing Address 1780 Robinhood Rd</p> <p>City Winston-Salem State NC Zip Code 27104</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D214989</p> <p>Date of Disbursement 05 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 1776.53</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Ms. Theresa Trujeque</p> <p>Mailing Address 108 Kjersti Ct.</p> <p>City Corrales State NM Zip Code 87048</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D214994</p> <p>Date of Disbursement 05 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 2849.28</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 107 / 118

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.

Full Name (Last, First, Middle Initial)
Katie A Walhert

Mailing Address 7758 Hamilton St

City Omaha State NE Zip Code 68114

Purpose of Disbursement
payroll

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D214996

Date of Disbursement

05 / 01 / 2008

Amount of Each Disbursement this Period

1433.94

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

537582.64

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don for New Mexico

A.	Full Name (Last, First, Middle Initial) Democratic Party Of NM Mailing Address 1301 San Pedro NE City Albuquerque State NM Zip Code 87110 Purpose of Disbursement event table Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D214462 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 8 Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Democratic Party Of Taos Mailing Address 4744 NDZBU City Taos State NM Zip Code 87571 Purpose of Disbursement event tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D214450 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 8 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Democratic Party Of Taos Mailing Address 4744 NDZBU City Taos State NM Zip Code 87571 Purpose of Disbursement reception tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D214451 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 8 Amount of Each Disbursement this Period 140.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	490.00
TOTAL This Period (last page this line number only) ▶	490.00

SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 109 / 118
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

LOANS

NAME OF COMMITTEE (In Full)
Don for New Mexico

Transaction ID: L457

LOAN SOURCE Full Name (Last, First, Middle Initial) Don Wiviott, PERS FUNDS - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3600 Cerrillos Rd #503	
City Santa Fe State NM ZIP Code 87507	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
180000.00	0.00	180000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 1 2 D D 3 1 Y Y Y Y 2 0 0 7	01/31/2011	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	180000.00
TOTALS This Period (last page in this line only)00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

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

LOANS

FOR LINE NUMBER:
(check only one) 13a
 13b

NAME OF COMMITTEE (In Full)
Don for New Mexico

Transaction ID: L458

LOAN SOURCE Full Name (Last, First, Middle Initial)
Don Wiviott, PERS FUNDS - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 3600 Cerrillos Rd #503

City Santa Fe State NM ZIP Code 87507

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
95000.00	0.00	95000.00

TERMS

Date Incurred: MM DD YY 12 28 2007 Date Due: 01/31/2011 Interest Rate: .0000 % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	▶	95000.00
TOTALS This Period (last page in this line only)	▶	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

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

FOR LINE NUMBER:
(check only one) 13a
 13b

LOANS

NAME OF COMMITTEE (In Full)
Don for New Mexico

Transaction ID: L459

LOAN SOURCE Full Name (Last, First, Middle Initial) Don Wiviott, PERS FUNDS - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3600 Cerrillos Rd #503	
City Santa Fe State NM ZIP Code 87507	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 1 2 D D 0 7 Y Y Y Y 2 0 0 7	01/31/2011	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="50000.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text" value=".00"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

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

LOANS

FOR LINE NUMBER:
(check only one) 13a
 13b

NAME OF COMMITTEE (In Full)
Don for New Mexico

Transaction ID: L482

LOAN SOURCE Full Name (Last, First, Middle Initial)
Don Wiviott, PERS FUNDS - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 3600 Cerrillos Rd #503

City Santa Fe State NM ZIP Code 87507

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	0.00	15000.00

TERMS

Date Incurred Date Due Interest Rate % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	<input type="text" value="15000.00"/>
TOTALS This Period (last page in this line only)	<input type="text" value=".00"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

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

FOR LINE NUMBER:
(check only one) 13a
 13b

LOANS

NAME OF COMMITTEE (In Full)
Don for New Mexico

Transaction ID: L483

LOAN SOURCE Full Name (Last, First, Middle Initial) Don Wiviott, PERS FUNDS - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3600 Cerrillos Rd #503	
City Santa Fe State NM ZIP Code 87507	

Original Amount of Loan 250000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 250000.00
--------------------------------------	------------------------------------	--

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 03 D D 03 Y Y Y Y 2 0 0 8	03/31/2011	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="25000.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text" value=".00"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 114 / 118
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

LOANS

NAME OF COMMITTEE (In Full)
Don for New Mexico

Transaction ID: L484

LOAN SOURCE Full Name (Last, First, Middle Initial) Don Wiviott, PERS FUNDS - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3600 Cerrillos Rd #503	
City Santa Fe State NM ZIP Code 87507	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
250000.00	0.00	250000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 03 D D 31 Y Y Y Y 2008	02/10/2010	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	250000.00
TOTALS This Period (last page in this line only)00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 115 / 118
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

LOANS

NAME OF COMMITTEE (In Full)
Don for New Mexico

Transaction ID: L485

LOAN SOURCE Full Name (Last, First, Middle Initial) Don Wiviott, PERS FUNDS - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3600 Cerrillos Rd #503	
City Santa Fe State NM ZIP Code 87507	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 03 D D 31 Y Y Y Y 2008	01/21/2011	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	50000.00
TOTALS This Period (last page in this line only)00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

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

FOR LINE NUMBER:
(check only one) 13a
 13b

LOANS

NAME OF COMMITTEE (In Full)
Don for New Mexico

Transaction ID: L491

LOAN SOURCE Full Name (Last, First, Middle Initial) Don Wiviott, PERS FUNDS - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3600 Cerrillos Rd #503	
City Santa Fe State NM ZIP Code 87507	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 5 D D 0 1 Y Y Y Y 2 0 0 8	05/31/2011	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="100000.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text" value=".00"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 117 / 118
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

LOANS

NAME OF COMMITTEE (In Full)
Don for New Mexico

Transaction ID: L492

LOAN SOURCE Full Name (Last, First, Middle Initial) Don Wiviott, PERS FUNDS - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3600 Cerrillos Rd #503	
City Santa Fe State NM ZIP Code 87507	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 05 D D 13 Y Y Y Y 2008	05/31/2011	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	100000.00
TOTALS This Period (last page in this line only)	1090000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 118 / 118
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Don for New Mexico

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Landry & Ludewig LLP			Nature of Debt (Purpose): legal fees
Mailing Address 1007 Marquette NW			
City Albuquerque	State NM	ZIP Code 87102	

Outstanding Balance Beginning This Period		Transaction ID: D214468	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
25547.87	10000.00	15547.87	

1) SUBTOTALS This Period This Page (optional).....	15547.87
2) TOTALS This Period (last page this line number only).....	15547.87
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	109000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	1105547.87