

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

E. Shirley Baca for Congress

| A. Full Name, Mailing Address and ZIP Code Baca, Narciso 1501 E. Boutz Rd. Las Cruces, NM 88001 | Name of Employer n/a Occupation Retired Aggregate Year-to-Date > \$ 200.00 | Date (month, day, year) 1/19/99 2/22/99 | Amount of Each Receipt this Period 100.00 100.00 |
|--|--|---|--|
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| B. Full Name, Mailing Address and ZIP Code Kist, Joseph 2956 Valle Vista Las Cruces, NM 88011 | Name of Employer n/a Occupation Retired Aggregate Year-to-Date > \$ 500.00 | Date (month, day, year) 6/19/99 | Amount of Each Receipt this Period 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| C. Full Name, Mailing Address and ZIP Code Krehbiel, Paul 705 Fitch Socorro, NM 87801 | Name of Employer New Mexico Tech Occupation Professor Aggregate Year-to-Date > \$ 250.00 | Date (month, day, year) 1/4/99 | Amount of Each Receipt this Period 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| D. Full Name, Mailing Address and ZIP Code Polikoff, Nancy 2029 Waterside Dr., NW Washington, DC 20029 | Name of Employer Georgetown University Occupation Professor Aggregate Year-to-Date > \$ 1,000.00 | Date (month, day, year) 1/11/99 | Amount of Each Receipt this Period 1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| E. Full Name, Mailing Address and ZIP Code Potter, Earl 126 E. DeVargas Santa Fe, NM 87501 | Name of Employer Self Occupation Attorney Aggregate Year-to-Date > \$ 250.00 | Date (month, day, year) 1/9/99 | Amount of Each Receipt this Period 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only) **2,200.00**