

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
McCarty, Helen B. 1706 Gonzales Rd., SW Albuquerque, NM 87105	n/a	6/13/97	300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		
	Aggregate Year-to-Date >	\$ 300.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nowotny, Kenneth 4130 Cholla Las Cruces, NM 88011	New Mexico State Univ.	6/30/97	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Professor		
	Aggregate Year-to-Date >	\$ 200.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Oakes, Jane Clayton 123 E. San Mateo Santa Fe, NM 87505	Self Employed	6/4/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Artist		
	Aggregate Year-to-Date >	\$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Penn, Sandra F. 1117 Princeton Dr., NE Albuquerque, NM 87106	Exact Family Medicine	6/20/97	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Medical Doctor		
	Aggregate Year-to-Date >	\$ 200.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richards, Sandra H. 315 Cordova Ln. Santa Fe, NM 87501	Self Employed	6/28/97	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Artist		
	Aggregate Year-to-Date >	\$ 200.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roybal, Charlotte Rt. 10, Box 138-B Santa Fe, NM 87501	Self Employed	4/19/97	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consultant		
	Aggregate Year-to-Date >	\$ 200.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sandlin, Sherry 2592 Calle Delfino Santa Fe, NM 87505	n/a	6/28/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker		
	Aggregate Year-to-Date >	\$ 500.00	

SUBTOTAL of Receipts This Page (optional)

1,850.00

TOTAL This Period (last page this line number only)