

**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

King for Congress

ADDRESS (number and street)

PO Box 1208

Check if different than previously reported. (ACC)

Carlsbad

NM

88221

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C00393702

3. IS THIS REPORT

NEW (N)

OR

X

AMENDED (A)

NM

02

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:

X

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

06

01

2004

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

2004

through

05

12

2004

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

Bruce Malott

Signature of Treasurer

Electronically Filed by Bruce Malott

Date 11 22 2004

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

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

King for Congress

Report Covering the Period: From: <sup>M</sup> 0 <sup>M</sup> 4 <sup>D</sup> 0 <sup>D</sup> 1 <sup>Y</sup> 2 <sup>Y</sup> 0 <sup>Y</sup> 0 <sup>Y</sup> 4 To: <sup>V</sup> 0 <sup>M</sup> 5 <sup>D</sup> 1 <sup>D</sup> 2 <sup>Y</sup> 2 <sup>Y</sup> 0 <sup>Y</sup> 0 <sup>Y</sup> 4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(a)).....	33420.00	105300.00
(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)).....	33420.00	105300.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	100132.07	180072.17
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	100132.07	180072.17
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	34366.71	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	109183.73	

**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 02/2003)

Page 3

Write or Type Committee Name  
King for Congress

Report Covering the Period: From: <sup>M M</sup> 0 4 <sup>D J</sup> 0 1 <sup>Y Y Y Y</sup> 2 0 0 4 To: <sup>V V</sup> 0 5 <sup>U J</sup> 1 2 <sup>Y Y Y Y</sup> 2 0 0 4

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees	21725.00	
(i) Itemized (use Schedule A).....		
(ii) Unitemized.....	6470.00	
(iii) TOTAL of contributions	28195.00	99825.00
from individuals..... ▶		
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACS).....	5225.00	5475.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	33420.00	105300.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....</b>	0.00	0.00
<b>13. LOANS</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	60000.80
(b) All Other Loans.....	0.00	50050.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	110050.80
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	5.00	5.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	33425.00	215355.80

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	100132.07	180072.17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	867.07	867.07
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	867.07	867.07
<hr/>		
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
<hr/>		
21. OTHER DISBURSEMENTS.....	0.00	0.00
<hr/>		
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) [ > ]	100999.14	180999.24

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	101940.85
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	33425.00
25. SUBTOTAL (add Line 23 and Line 24).....	135365.85
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	100999.14
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	34366.71

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

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

FOR LINE NUMBER: PAGE 6 / 45

(check only one)

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

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)  
King for Congress

Full Name (Last, First, Middle Initial) <b>A. Ms. Vikki Bell</b>		Date of Receipt M / D / Y 04 / 18 / 2004
Mailing Address PD Box 3228		Transaction ID: C2490
City Arlington	State VA	Zip Code 22203-0228
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self-Employed	Occupation Businesswoman	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Elspeth G. Bobbs</b>		Date of Receipt M / D / Y 05 / 10 / 2004
Mailing Address 830 E Alameda St		Transaction ID: C2469
City Santa Fe	State NM	Zip Code 87501-2205
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Retired	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Margaret Moses Branch</b>		Date of Receipt M / D / Y 04 / 02 / 2004
Mailing Address 8835 Rio Grande, NW		Transaction ID: C245B
City Albuquerque	State NM	Zip Code 87107
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Branch Law Firm	Occupation Attorney	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 6 / 45  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
King for Congress

Full Name (Last, First, Middle Initial) <b>A. Patricia Brusuelas</b>		Date of Receipt M / D / Y 04 / 18 / 2004
Mailing Address 100B Manzano Ct NW		Transaction ID: C2386
City	State	Zip Code
Albuquerque	NM	87102-1860
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Retired	Election Cycle-to-Date ▼	
250.00		
Receipt For: 2004 X Primary    General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Whitney Buchanan</b>		Date of Receipt M / D / Y 04 / 23 / 2004
Mailing Address 320D Monte Vista Blvd NE		Transaction ID: C2395
City	State	Zip Code
Albuquerque	NM	87106-2120
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Whitney Buchanan PC	Attorney	
2000.00		
Receipt For: 2004 X Primary    General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Nancy Burr</b>		Date of Receipt M / D / Y 04 / 18 / 2004
Mailing Address 2173 Sugar Pine Way		Transaction ID: C2494
City	State	Zip Code
Las Cruces	NM	88005
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Information Requested	Information Requested	
250.00		
Receipt For: 2004 X Primary    General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2500.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 7 / 45

(check only one)

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

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NAME OF COMMITTEE (In Full)  
King for Congress

Full Name (Last, First, Middle Initial) <b>A. Michael Cereti</b>		Date of Receipt M / D / Y 05 / 11 / 2004
Mailing Address 1000 Governor Dempsey Drive		Transaction ID: C2438
City Santa Fe	State NM	Zip Code 87501
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Retired	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Tito Chavez, Jr.</b>		Date of Receipt M / D / Y 05 / 08 / 2004
Mailing Address PO Box 569		Transaction ID: C2418
City Belen	State NM	Zip Code 87002-0569
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Attorney	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Robert S. Gulpepper</b>		Date of Receipt M / D / Y 04 / 30 / 2004
Mailing Address 5703 Woodland Ct		Transaction ID: C2398
City Farmington	State NM	Zip Code 87402-4832
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1500.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 8 / 45

(check only one)

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

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NAME OF COMMITTEE (In Full)  
King for Congress

Full Name (Last, First, Middle Initial) <b>A. Herb Denish</b>		Date of Receipt M / D / Y 04 / 20 / 2004
Mailing Address 2804 Morrow Rd NE		Transaction ID: C2419
City	State	Zip Code
Albuquerque	NM	87106-2523
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Herb Denish & Assoc	Occupation President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. George Diels</b>		Date of Receipt M / D / Y 05 / 06 / 2004
Mailing Address 8231 Fringe Sage Court		Transaction ID: C2422
City	State	Zip Code
Albuquerque	NM	87111
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Waste Control Specialists	Occupation CEO	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Paul Donisthorpe</b>		Date of Receipt M / D / Y 04 / 06 / 2004
Mailing Address PO Box 1189		Transaction ID: C2453
City	State	Zip Code
Albuquerque	NM	87103-1189
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer The Spectrum Capital Group	Occupation Investment and Merchant Banker	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1250.00</b>
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 9 / 45

(check only one)

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

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NAME OF COMMITTEE (In Full)  
King for Congress

Full Name (Last, First, Middle Initial) <b>A. Pauline Eisenstadt</b>		Date of Receipt M / D / Y 04 / 02 / 2004
Mailing Address PD Box 858		Transaction ID: C2459
City Corrales	State NM	Zip Code 87048-0858
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Bruce Finkins</b>		Date of Receipt M / D / Y 04 / 15 / 2004
Mailing Address PD Box 709		Transaction ID: C2466
City Deming	State NM	Zip Code 88031-0709
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Retired	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Stephen Flance</b>		Date of Receipt M / D / Y 05 / 12 / 2004
Mailing Address PD Box B199		Transaction ID: C2437
City Santa Fe	State NM	Zip Code 87504-8199
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer The Flance Co.	Occupation planner/developer	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1250.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 10 / 45

(check only one)

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

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NAME OF COMMITTEE (In Full)  
King for Congress

Full Name (Last, First, Middle Initial) <b>A. Thomas Foy</b>		Date of Receipt M / D / Y 04 / 20 / 2004
Mailing Address PD Box 268 2 Kilian Drive.		Transaction ID: C2394
City Bayard	State NM	Zip Code 88023-0266
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Attorney	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Philip Gaddy</b>		Date of Receipt M / D / Y 04 / 17 / 2004
Mailing Address 2025 San Pedro Dr NE		Transaction ID: C2471
City Albuquerque	State NM	Zip Code 87110-5851
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Gaddy Law Firm	Occupation Attorney	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. J.E. Gallegos</b>		Date of Receipt M / D / Y 04 / 23 / 2004
Mailing Address 480 Saint Michaels Dr, Bldg 300		Transaction ID: C2396
City Santa Fe	State NM	Zip Code 87505-7619
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self-employed	Occupation Attorney	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1750.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 11 / 45

(check only one)

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

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NAME OF COMMITTEE (In Full)  
King for Congress

Full Name (Last, First, Middle Initial) <b>A. William Garcia</b>		Date of Receipt M / D / Y 05 / 12 / 2004
Mailing Address 209B Rivers Edge Dr NE		Transaction ID: C2440
City	State	Zip Code
Albuquerque	NM	87124
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Intel	Occupation Executive	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Ms Maxine S Good</b>		Date of Receipt M / D / Y 05 / 12 / 2004
Mailing Address PO Box 2502		Transaction ID: C2502
City	State	Zip Code
Santa Fe	NM	87504-2502
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 750.00
Name of Employer Retired	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1750.00	

Full Name (Last, First, Middle Initial) <b>C. Felice Gonzalez</b>		Date of Receipt M / D / Y 05 / 12 / 2004
Mailing Address 480 St Michaels Drive, Bldg. 300		Transaction ID: C2441
City	State	Zip Code
Santa Fe	NM	87505
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Galegos Law Firm	Occupation Attorney	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1500.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 12 / 45

(check only one)

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

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)  
King for Congress

Full Name (Last, First, Middle Initial) <b>A. Frank N. Hager</b>		Date of Receipt M / D / Y 05 / 08 / 2004
Mailing Address 8501 San Joaquin Avenue SE		Transaction ID: C2420
City	State	Zip Code
Albuquerque	NM	87108
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Roth Home Park	Occupation Union Pipefitter	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Rep. Robert Hask</b>		Date of Receipt M / D / Y 04 / 01 / 2004
Mailing Address 1005 Washington St SE		Transaction ID: C2456
City	State	Zip Code
Albuquerque	NM	87108-4447
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Bob Hoffman</b>		Date of Receipt M / D / Y 04 / 08 / 2004
Mailing Address 605 College Place		Transaction ID: C2455
City	State	Zip Code
Las Cruces	NM	88005
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Retired	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1250.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

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

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NAME OF COMMITTEE (In Full)  
King for Congress

Full Name (Last, First, Middle Initial) <b>A. Kathleen Holian</b>		Date of Receipt M / D / Y 05 / 12 / 2004
Mailing Address 4 Camino Cielo Azul		Transaction ID: C2435
City	State	Zip Code
Santa Fe	NM	87508
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Los Alamos National Laboratory	Occupation Physicist	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Patricia S. Ives</b>		Date of Receipt M / D / Y 04 / 01 / 2004
Mailing Address 140 West Zia Road		Transaction ID: C2463
City	State	Zip Code
Santa Fe	NM	87505
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Self-employed	Occupation Attorney	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Patricia S. Ives</b>		Date of Receipt M / D / Y 05 / 12 / 2004
Mailing Address 140 West Zia Road		Transaction ID: C2424
City	State	Zip Code
Santa Fe	NM	87505
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Self-employed	Occupation Attorney	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>900.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 14 / 45

(check only one)

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

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NAME OF COMMITTEE (In Full)  
King for Congress

Full Name (Last, First, Middle Initial) <b>A. Kent Jacobs</b>		Date of Receipt M / D / Y 04 / 18 / 2004
Mailing Address 381 D Southwind Rd		Transaction ID: C2492
City Las Cruces	State NM	Zip Code 88007-5556
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Retired	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>B. Mrs Lucilla O. Jones</b>		Date of Receipt M / D / Y 04 / 18 / 2004
Mailing Address 120D Mary Ellen St NE		Transaction ID: C2383
City Albuquerque	State NM	Zip Code 87112-5364
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Homemaker	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>C. Gary R. Kipatri</b>		Date of Receipt M / D / Y 04 / 01 / 2004
Mailing Address PO Box 2307		Transaction ID: C2451
City Santa Fe	State NM	Zip Code 87504-2307
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Montgomery & Andrews Law Firm	Occupation Attorney	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>1800.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 15 / 45

(check only one)

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

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NAME OF COMMITTEE (In Full)  
King for Congress

Full Name (Last, First, Middle Initial) <b>A. Nancy R. Long</b>		Date of Receipt M / D / Y 05 / 12 / 2004
Mailing Address PD Box 5098		Transaction ID: C2439
City Santa Fe	State NM	Zip Code 87502-5098
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Herrera, Long, Pound & Komer	Occupation Attorney	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Randi McGinn</b>		Date of Receipt M / D / Y 05 / 12 / 2004
Mailing Address 2105 Campbell Rd NW		Transaction ID: C2500
City Albuquerque	State NM	Zip Code 87104-3237
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer McGinn and Associates	Occupation Attorney	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. Douglas Melhejoh</b>		Date of Receipt M / D / Y 04 / 24 / 2004
Mailing Address 1304 Escalante St.		Transaction ID: C2397
City Santa Fe	State NM	Zip Code 87505
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-employed	Occupation Attorney	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>1500.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 16 / 45

(check only one)

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

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NAME OF COMMITTEE (In Full)  
King for Congress

Full Name (Last, First, Middle Initial) A. Gus Monsen		Date of Receipt M / D / Y 05 / 01 / 2004
Mailing Address PD Box B48		Transaction ID: C2411
City Bayard	State NM	Zip Code 88023-0848
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Retired	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) B. Orville Moore		Date of Receipt M / D / Y 04 / 02 / 2004
Mailing Address PD Box 1497		Transaction ID: C2452
City Socorro	State NM	Zip Code 87801-1497
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Moore Livestock	Occupation Owner	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Robert Myers		Date of Receipt M / D / Y 05 / 11 / 2004
Mailing Address 5210 N Eisenhower Rd		Transaction ID: C2508
City Roswell	State NM	Zip Code 88201-8803
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	525.00
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 17 / 45

(check only one)

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

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NAME OF COMMITTEE (In Full)  
King for Congress

Full Name (Last, First, Middle Initial) A. Dr. Deborah Potter		Date of Receipt M / D / Y 04 / 16 / 2004
Mailing Address 1019 Guadalupe Ct NW		Transaction ID: C2472
City	State	Zip Code
Albuquerque	NM	87114-2325
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self-employed	Occupation Investment Broker	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Jeffrey W. Potter		Date of Receipt M / D / Y 04 / 24 / 2004
Mailing Address 1019 Guadalupe Court, NW		Transaction ID: C2391
City	State	Zip Code
Albuquerque	NM	87114
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer UNM	Occupation Medical Researcher	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. John Pound		Date of Receipt M / D / Y 05 / 11 / 2004
Mailing Address 2302 Calle Halcon		Transaction ID: C2436
City	State	Zip Code
Santa Fe	NM	87505-5715
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Herrera, Long, Pound & Komer	Occupation Attorney	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1000.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
King for Congress

Full Name (Last, First, Middle Initial) A. Linda Lane Rigsby		Date of Receipt M / D / Y 05 / 12 / 2004
Mailing Address 116 1/2 W. Buena		Transaction ID: C2501
City Santa Fe	State NM	Zip Code 87505
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Attorney	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Leonard R. Sanchez		Date of Receipt M / D / Y 04 / 19 / 2004
Mailing Address 810D Uptown Blvd NE		Transaction ID: C2387
City Albuquerque	State NM	Zip Code 87110-4189
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Neff & Ricci	Occupation Attorney	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Rep. Jerry Sandel		Date of Receipt M / D / Y 04 / 27 / 2004
Mailing Address 716 Rosa St		Transaction ID: C2416
City Farmington	State NM	Zip Code 87401-3511
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Alpac Well Service	Occupation Executive	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1250.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

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(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
King for Congress

Full Name (Last, First, Middle Initial) <b>A. Ms. Sarah Singleton</b>		Date of Receipt M / D / Y 05 / 12 / 2004
Mailing Address PD Box 2423		Transaction ID: C2434
City Santa Fe	State NM	Zip Code 87504-2423
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Montgomery & Andrews	Occupation Attorney	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Amy Sienros</b>		Date of Receipt M / D / Y 05 / 12 / 2004
Mailing Address 15 Calle De Valle		Transaction ID: C2431
City Santa Fe	State NM	Zip Code 87505-6318
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Jenkeel, Ltd	Occupation VP	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Jack Skinner</b>		Date of Receipt M / D / Y 05 / 05 / 2004
Mailing Address 1802 West Ural		Transaction ID: C244B
City Carlsbad	State NM	Zip Code 88220
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer The Mine Supply Co.	Occupation VP	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 20 / 45

(check only one)

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

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NAME OF COMMITTEE (In Full)  
King for Congress

Full Name (Last, First, Middle Initial) A. James Sorenson		Date of Receipt M / D / Y 04 / 18 / 2004
Mailing Address 10032 San Savino Court		Transaction ID: C2468
City Las Cruces	State NM	Zip Code 88007
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Kemp & Smith LLP	Occupation Attorney	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. James Sweeney		Date of Receipt M / D / Y 05 / 03 / 2004
Mailing Address 9407 Pebble Beach Dr NE		Transaction ID: C2402
City Albuquerque	State NM	Zip Code 87111-5806
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. David Townsend		Date of Receipt M / D / Y 05 / 04 / 2004
Mailing Address 2807 Saint Andrews Ct		Transaction ID: C2474
City Alamogordo	State NM	Zip Code 88310-7727
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer NM State University	Occupation Professor	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

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)  
 or each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 45

(check only one)

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

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NAME OF COMMITTEE (In Full)  
 King for Congress

Full Name (Last, First, Middle Initial) A. Nino Trujillo		Date of Receipt M / D / Y 04 / 08 / 2004
Mailing Address PD Box B48		Transaction ID: C2465
City Belen	State NM	Zip Code 87002-0848
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Real Estate	Occupation Nino Trujillo & Company	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Gwen Wardwell		Date of Receipt M / D / Y 05 / 12 / 2004
Mailing Address 845 Camino De Chelly		Transaction ID: C2443
City Santa Fe	State NM	Zip Code 87505-6261
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	500.00
TOTAL This Period (last page this line number only) .....	▶	21725.00

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

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

FOR LINE NUMBER: PAGE 22 / 45

(check only one)

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

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NAME OF COMMITTEE (In Full)  
King for Congress

Full Name (Last, First, Middle Initial) <b>A. IRONWORKERS POLITICAL ACTION LEAGUE</b>		Date of Receipt M / D / Y 05 / 07 / 2004
Mailing Address 175D New York Ave. NW Ste. 400		Transaction ID: C2476
City	State	Zip Code
Washington	DC	20006
FEC ID number of contributing federal political committee. <b>C</b> C00027359		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. Mary Jane Garcia Re-Election</b>		Date of Receipt M / D / Y 04 / 18 / 2004
Mailing Address PO Box 22 228 Isaac Garcia Street.		Transaction ID: C2493
City	State	Zip Code
Las Cruces	NM	88004
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) <b>C. Fleming Campaign Account</b>		Date of Receipt M / D / Y 04 / 18 / 2004
Mailing Address 7982 Grouse Run Drive		Transaction ID: C2485
City	State	Zip Code
Las Cruces	NM	88011
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 125.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5125.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
 King for Congress

Full Name (Last, First, Middle Initial) A. Fleming Campaign Account		Date of Receipt M M / U U / Y Y Y Y 04 / 10 / 2004
Mailing Address 7992 Grouse Run Drive		Transaction ID: C2513
City	State	Zip Code
Las Cruces	NM	88011
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
C		100.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1)(B-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼  125.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	100.00
TOTAL This Period (last page this line number only) .....	▶	5225.00

**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)

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

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NAME OF COMMITTEE (In Full)  
King for Congress

Full Name (Last, First, Middle Initial)  
A. Francisco Castillo

Mailing Address 2712 North Valley Drive

City Las Cruces State NM Zip Code 88007

Purpose of Disbursement  
salary

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: 2004  
X Primary General  
Other (specify) ▼

001  
Category/  
Type

Transaction ID: D84  
Date of Disbursement  
04 / 02 / 2004

Amount of Each Disbursement this Period  
2000.00  
Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)  
B. Francisco Castillo

Mailing Address 2712 North Valley Drive

City Las Cruces State NM Zip Code 88007

Purpose of Disbursement  
salary

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: 2004  
X Primary General  
Other (specify) ▼

001  
Category/  
Type

Transaction ID: D80  
Date of Disbursement  
04 / 30 / 2004

Amount of Each Disbursement this Period  
2500.00  
Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)  
C. Las Cruces Charter Service

Mailing Address PO Box 3172

City Las Cruces State NM Zip Code 88001

Purpose of Disbursement  
Bus for March 20th pre-primary conv.

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: 2004  
X Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: D58  
Date of Disbursement  
04 / 01 / 2004

Amount of Each Disbursement this Period  
541.82  
Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

5041.82

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

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 (check only one)

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

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NAME OF COMMITTEE (In Full)  
 King for Congress

**A.** Full Name (Last, First, Middle Initial)  
 Cooper & Secrest Associates

Mailing Address 228 South Washington Street, Suite

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
 Poll & retainers for Feb., Mar., & April

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: 2004  
 Primary General  
 Other (specify) ▼

Category/Type 005

Transaction ID: D53  
 Date of Disbursement  
 04 / 01 / 2004

Amount of Each Disbursement this Period  
 20400.00

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

**B.** Full Name (Last, First, Middle Initial)  
 Josh Davis

Mailing Address 1909 Burke Road

City Las Cruces State NM Zip Code 88007

Purpose of Disbursement  
 Salary

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: 2004  
 Primary General  
 Other (specify) ▼

Category/Type 001

Transaction ID: D74  
 Date of Disbursement  
 04 / 16 / 2004

Amount of Each Disbursement this Period  
 450.00

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

**C.** Full Name (Last, First, Middle Initial)  
 Josh Davis

Mailing Address 1909 Burke Road

City Las Cruces State NM Zip Code 88007

Purpose of Disbursement  
 Salary

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: 2004  
 Primary General  
 Other (specify) ▼

Category/Type 001

Transaction ID: D79  
 Date of Disbursement  
 04 / 30 / 2004

Amount of Each Disbursement this Period  
 400.00

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

**SUBTOTAL** of Disbursements This Page (optional) ▶ **21250.00**

**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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)  
 King for Congress

**A. Pay Day**

Full Name (Last, First, Middle Initial)  
 \_\_\_\_\_

Mailing Address 5021 Indian School Road NE

City Albuquerque State NM Zip Code 87110

Purpose of Disbursement  
 Payroll Services

Candidate Name \_\_\_\_\_

Office Sought: House Senate President  
 State: District

Disbursement For: 2004  
 Primary General  
 Other (specify) ▼

Category/Type: 001

Transaction ID: D96  
 Date of Disbursement  
 04 / 01 / 2004

Amount of Each Disbursement this Period  
 230.87

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

**B. Pay Day**

Full Name (Last, First, Middle Initial)  
 \_\_\_\_\_

Mailing Address 5021 Indian School Road NE

City Albuquerque State NM Zip Code 87110

Purpose of Disbursement  
 Fees & Taxes

Candidate Name \_\_\_\_\_

Office Sought: House Senate President  
 State: District

Disbursement For: 2004  
 Primary General  
 Other (specify) ▼

Category/Type: 001

Transaction ID: D97  
 Date of Disbursement  
 04 / 02 / 2004

Amount of Each Disbursement this Period  
 2444.11

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

**C. Pay Day**

Full Name (Last, First, Middle Initial)  
 \_\_\_\_\_

Mailing Address 5021 Indian School Road NE

City Albuquerque State NM Zip Code 87110

Purpose of Disbursement  
 Fees & Taxes

Candidate Name \_\_\_\_\_

Office Sought: House Senate President  
 State: District

Disbursement For: 2004  
 Primary General  
 Other (specify) ▼

Category/Type: 001

Transaction ID: D98  
 Date of Disbursement  
 04 / 15 / 2004

Amount of Each Disbursement this Period  
 2491.91

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

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **5166.89**

**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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)  
King for Congress

Full Name (Last, First, Middle Initial)

**A. Pay Day**

Mailing Address 5021 Indian School Road NE

City Albuquerque State NM Zip Code 87110

Purpose of Disbursement  
Fees & Taxes

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2004  
 Primary General  
Other (specify) ▼

State: District

001  
Category/  
Type

Transaction ID: D99  
Date of Disbursement

04 / 30 / 2004

Amount of Each Disbursement this Period

2481.91

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

Full Name (Last, First, Middle Initial)

**B. Holiday Inn Express**

Mailing Address 1507 Route 66  
PO Box 2295

City Moriarty State NM Zip Code 87035

Purpose of Disbursement  
Rooms for Lewis, Karp, Wood

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2004  
 Primary General  
Other (specify) ▼

State: District

001  
Category/  
Type

Transaction ID: D63  
Date of Disbursement

04 / 01 / 2004

Amount of Each Disbursement this Period

417.60

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

Full Name (Last, First, Middle Initial)

**C. Mission Inn**

Mailing Address 1785 S. Main Street

City Las Cruces State NM Zip Code 88005

Purpose of Disbursement  
Food and Room Rental

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2004  
 Primary General  
Other (specify) ▼

State: District

003  
Category/  
Type

Transaction ID: D75  
Date of Disbursement

04 / 18 / 2004

Amount of Each Disbursement this Period

500.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

3399.51

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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)  
 King for Congress

A. Full Name (Last, First, Middle Initial)  
 Jordan Karp

Mailing Address 3260 Venus Street #50

City Las Cruces State NM Zip Code 88012

Purpose of Disbursement  
 reimbursement for Office Max. UPS, etc.

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: 2004  
 Primary General  
 Other (specify) ▼

Category/Type: 001

Transaction ID: D58  
 Date of Disbursement  
 04 / 01 / 2004

Amount of Each Disbursement this Period  
 524.12

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

B. Full Name (Last, First, Middle Initial)  
 Jordan Karp

Mailing Address 3260 Venus Street #50

City Las Cruces State NM Zip Code 88012

Purpose of Disbursement  
 Salary - Campaign Manager

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: 2004  
 Primary General  
 Other (specify) ▼

Category/Type: 001

Transaction ID: D88  
 Date of Disbursement  
 04 / 02 / 2004

Amount of Each Disbursement this Period  
 1463.84

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

C. Full Name (Last, First, Middle Initial)  
 Jordan Karp

Mailing Address 3260 Venus Street #50

City Las Cruces State NM Zip Code 88012

Purpose of Disbursement  
 Salary - Campaign Manager

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: 2004  
 Primary General  
 Other (specify) ▼

Category/Type: 001

Transaction ID: D87  
 Date of Disbursement  
 04 / 15 / 2004

Amount of Each Disbursement this Period  
 1463.84

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

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **3451.80**

**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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)  
 King for Congress

Full Name (Last, First, Middle Initial)

A. Jordan Karp

Mailing Address 3260 Venus Street #50

City Las Cruces State NM Zip Code 88012

Purpose of Disbursement  
 Salary - Campaign Manager

Candidate Name

Office Sought: House Senate President  
 Disbursement For: 2004  
 Primary General  
 Other (specify) ▼

State: District

001  
 Category/  
 Type

Transaction ID: D88  
 Date of Disbursement

04 / 30 / 2004

Amount of Each Disbursement this Period

1468.84

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

Full Name (Last, First, Middle Initial)

B. Macwilliams Robinson Partners

Mailing Address 1660 L Street, NW, Suite 301

City Washington State DC Zip Code 20036

Purpose of Disbursement  
 Media Consulting

Candidate Name

Office Sought: House Senate President  
 Disbursement For: 2004  
 Primary General  
 Other (specify) ▼

State: District

001  
 Category/  
 Type

Transaction ID: D54  
 Date of Disbursement

04 / 01 / 2004

Amount of Each Disbursement this Period

5138.03

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

Full Name (Last, First, Middle Initial)

C. Malchow, Schlackman, Hoppey & Cooper

Mailing Address 1101 14th Street, Third Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement  
 First Mail Piece

Candidate Name

Office Sought: House Senate President  
 Disbursement For: 2004  
 Primary General  
 Other (specify) ▼

State: District

004  
 Category/  
 Type

Transaction ID: D119  
 Date of Disbursement

04 / 29 / 2004

Amount of Each Disbursement this Period

15000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

21601.87

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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)  
King for Congress

Full Name (Last, First, Middle Initial)  
A. Malchow, Schlackman, Hoppey & Cooper

Mailing Address 1101 14th Street, Third Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Second Mail Piece to early voters

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

004  
Category/  
Type

Transaction ID: D83  
Date of Disbursement  
05 / 03 / 2004

Amount of Each Disbursement this Period  
15000.00

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

Full Name (Last, First, Middle Initial)  
B. Christensen McDevitt, Inc.

Mailing Address 209 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
PAC Fundraising consulting

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

001  
Category/  
Type

Transaction ID: D65  
Date of Disbursement  
04 / 05 / 2004

Amount of Each Disbursement this Period  
4000.00

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

Full Name (Last, First, Middle Initial)  
C. Cabin Media

Mailing Address 2132-A Central SE #1B7

City Albuquerque State NM Zip Code 87108

Purpose of Disbursement  
web site design

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

001  
Category/  
Type

Transaction ID: D61  
Date of Disbursement  
04 / 01 / 2004

Amount of Each Disbursement this Period  
328.55

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

**SUBTOTAL of Disbursements This Page (optional) 19328.55**

**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)

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

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NAME OF COMMITTEE (In Full)  
King for Congress

Full Name (Last, First, Middle Initial)

**A.** Ngp Software

Mailing Address 5505 Connecticut Avenue, NW  
PMB 277

City Washington State DC Zip Code 20015

Purpose of Disbursement  
Campaign Office software & support

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2004  
 Primary General  
Other (specify) ▼

State: District

001  
Category/  
Type

Transaction ID: D59  
Date of Disbursement

04 / 01 / 2004

Amount of Each Disbursement this Period

2825.00

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

Full Name (Last, First, Middle Initial)

**B.** Nm Dem Party

Mailing Address 1301 San Pedro NE

City Albuquerque State NM Zip Code 87110

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2004  
 Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: D101  
Date of Disbursement

04 / 12 / 2004

Amount of Each Disbursement this Period

100.00

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

Full Name (Last, First, Middle Initial)

**C.** Print Professionals

Mailing Address 8910 Trumbull SE #8

City Albuquerque State NM Zip Code 87123

Purpose of Disbursement  
letterhead, bumper stickers, buttons

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2004  
 Primary General  
Other (specify) ▼

State: District

008  
Category/  
Type

Transaction ID: D55  
Date of Disbursement

04 / 01 / 2004

Amount of Each Disbursement this Period

2071.15

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

SUBTOTAL of Disbursements This Page (optional) ▶

4796.15

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)

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

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NAME OF COMMITTEE (In Full)  
 King for Congress

Full Name (Last, First, Middle Initial)

A. Qwest

Mailing Address PO Box 29060

City Phoenix State AZ Zip Code 85038

Purpose of Disbursement  
 telephone service

Candidate Name

Office Sought: House Senate President  
 Disbursement For: 2004  
 Primary General  
 Other (specify) ▼

State: District

001  
 Category/  
 Type

Transaction ID: D82  
 Date of Disbursement

04 / 01 / 2004

Amount of Each Disbursement this Period

425.47

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

Full Name (Last, First, Middle Initial)

B. Statewide Strategies Tactics, Polling

Mailing Address 1510 S. Solano Drive

City Las Cruces State NM Zip Code 88001

Purpose of Disbursement  
 Rent

Candidate Name

Office Sought: House Senate President  
 Disbursement For: 2004  
 Primary General  
 Other (specify) ▼

State: District

001  
 Category/  
 Type

Transaction ID: D51  
 Date of Disbursement

04 / 01 / 2004

Amount of Each Disbursement this Period

532.50

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

Full Name (Last, First, Middle Initial)

C. Statewide Strategies Tactics, Polling

Mailing Address 1510 S. Solano Drive

City Las Cruces State NM Zip Code 88001

Purpose of Disbursement  
 Rent

Candidate Name

Office Sought: House Senate President  
 Disbursement For: 2004  
 Primary General  
 Other (specify) ▼

State: District

001  
 Category/  
 Type

Transaction ID: D84  
 Date of Disbursement

05 / 03 / 2004

Amount of Each Disbursement this Period

532.50

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

SUBTOTAL of Disbursements This Page (optional) ▶

1490.47

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)

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

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NAME OF COMMITTEE (In Full)  
 King for Congress

**A.** Full Name (Last, First, Middle Initial)  
 Alyssa Tramposch

Mailing Address 3260 Venus Street

City Las Cruces State NM Zip Code 88012

Purpose of Disbursement  
 reimbursement for lunch

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: 2004  
 Primary General  
 Other (specify) ▼

Category/Type: 001

Transaction ID: D57  
 Date of Disbursement  
 04 / 01 / 2004

Amount of Each Disbursement this Period  
 18.07

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

**B.** Full Name (Last, First, Middle Initial)  
 Alyssa Tramposch

Mailing Address 3260 Venus Street

City Las Cruces State NM Zip Code 88012

Purpose of Disbursement  
 Salary - Field Director

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: 2004  
 Primary General  
 Other (specify) ▼

Category/Type: 001

Transaction ID: D89  
 Date of Disbursement  
 04 / 02 / 2004

Amount of Each Disbursement this Period  
 1161.00

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

**C.** Full Name (Last, First, Middle Initial)  
 Alyssa Tramposch

Mailing Address 3260 Venus Street

City Las Cruces State NM Zip Code 88012

Purpose of Disbursement  
 Salary - Field Director

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: 2004  
 Primary General  
 Other (specify) ▼

Category/Type: 001

Transaction ID: D90  
 Date of Disbursement  
 04 / 15 / 2004

Amount of Each Disbursement this Period  
 1161.00

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

**SUBTOTAL** of Disbursements This Page (optional) ▶ **2340.25**

**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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)  
 King for Congress

Full Name (Last, First, Middle Initial)  
**A. Alyssa Tramposch**

Mailing Address 3260 Venus Street

City Las Cruces State NM Zip Code 88012

Purpose of Disbursement  
 Salary - Field Director

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: 2004  
 Primary General  
 Other (specify) ▼

Category/Type 001

Transaction ID: D91  
 Date of Disbursement  
 04 / 30 / 2004

Amount of Each Disbursement this Period  
 1161.09

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

Full Name (Last, First, Middle Initial)  
**B. United States Postal Service**

Mailing Address 201 East Las Cruces Avenue

City Las Cruces State NM Zip Code 88001

Purpose of Disbursement  
 Postage

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: 2004  
 Primary General  
 Other (specify) ▼

Category/Type 003

Transaction ID: D67  
 Date of Disbursement  
 04 / 06 / 2004

Amount of Each Disbursement this Period  
 370.00

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

Full Name (Last, First, Middle Initial)  
**C. United States Postal Service**

Mailing Address 201 East Las Cruces Avenue

City Las Cruces State NM Zip Code 88001

Purpose of Disbursement  
 Postage

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: 2004  
 Primary General  
 Other (specify) ▼

Category/Type 003

Transaction ID: D71  
 Date of Disbursement  
 04 / 15 / 2004

Amount of Each Disbursement this Period  
 185.00

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

**SUBTOTAL** of Disbursements This Page (optional) ▶ **1716.09**

**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

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

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NAME OF COMMITTEE (In Full)  
King for Congress

Full Name (Last, First, Middle Initial)  
**A. United States Postal Service**

Mailing Address 201 East Las Cruces Avenue

City Las Cruces State NM Zip Code 88001

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

Category/Type 003

Transaction ID: D78  
Date of Disbursement  
04 / 23 / 2004

Amount of Each Disbursement this Period  
576.00

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

Full Name (Last, First, Middle Initial)  
**B. Voter Solutions**

Mailing Address 1151 North State Street, Ste. 260

City Chicago State IL Zip Code 60610

Purpose of Disbursement Voter File

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

Category/Type 001

Transaction ID: D68  
Date of Disbursement  
04 / 12 / 2004

Amount of Each Disbursement this Period  
1000.00

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

Full Name (Last, First, Middle Initial)  
**C. Wells Fargo**

Mailing Address 801 Highway 86

City Moriarty State NM Zip Code 87035

Purpose of Disbursement Interest payment on loan (\$50,000)

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

Category/Type 001

Transaction ID: D155  
Date of Disbursement  
05 / 10 / 2004

Amount of Each Disbursement this Period  
287.74

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

**SUBTOTAL of Disbursements This Page (optional) 1863.74**

**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

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 (check only one)

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

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NAME OF COMMITTEE (In Full)  
 King for Congress

Full Name (Last, First, Middle Initial)  
**A. Western Building And Development**

Mailing Address 1008 Cedardale

City Las Cruces State NM Zip Code 88004

Purpose of Disbursement  
 Phone installation

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: 2004  
 Primary General  
 Other (specify) ▼

Category/Type  
 001

Transaction ID: D76  
 Date of Disbursement  
 04 / 22 / 2004

Amount of Each Disbursement this Period  
 845.36

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

Full Name (Last, First, Middle Initial)  
**B. Willowbrook Apts**

Mailing Address 3260 Venus Street

City Las Cruces State NM Zip Code 88012

Purpose of Disbursement  
 Rent

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: 2004  
 Primary General  
 Other (specify) ▼

Category/Type  
 001

Transaction ID: D52  
 Date of Disbursement  
 04 / 01 / 2004

Amount of Each Disbursement this Period  
 940.00

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

Full Name (Last, First, Middle Initial)  
**C. Kimberly Wood**

Mailing Address 3260 Venus Street, #44

City Las Cruces State NM Zip Code 88012

Purpose of Disbursement  
 reimbursement for mileage. Office Max

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: 2004  
 Primary General  
 Other (specify) ▼

Category/Type  
 001

Transaction ID: D19  
 Date of Disbursement  
 04 / 01 / 2004

Amount of Each Disbursement this Period  
 483.64

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

**SUBTOTAL** of Disbursements This Page (optional) ▶ **2269.00**

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

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NAME OF COMMITTEE (In Full)  
 King for Congress

**A.** Full Name (Last, First, Middle Initial)  
 Kimberly Wood

Mailing Address 3260 Venus Street, #44

City Las Cruces State NM Zip Code 88012

Purpose of Disbursement Finance Director Salary

Candidate Name

Office Sought: House Senate President

Disbursement For: 2004

X Primary General

Other (specify) ▼

State: District

Transaction ID: D92  
 Date of Disbursement  
 04 / 02 / 2004

Amount of Each Disbursement this Period  
 1691.03

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

**B.** Full Name (Last, First, Middle Initial)  
 Kimberly Wood

Mailing Address 3260 Venus Street, #44

City Las Cruces State NM Zip Code 88012

Purpose of Disbursement Finance Director Salary

Candidate Name

Office Sought: House Senate President

Disbursement For: 2004

X Primary General

Other (specify) ▼

State: District

Transaction ID: D93  
 Date of Disbursement  
 04 / 02 / 2004

Amount of Each Disbursement this Period  
 230.87

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

**C.** Full Name (Last, First, Middle Initial)  
 Kimberly Wood

Mailing Address 3260 Venus Street, #44

City Las Cruces State NM Zip Code 88012

Purpose of Disbursement Finance Director Salary

Candidate Name

Office Sought: House Senate President

Disbursement For: 2004

X Primary General

Other (specify) ▼

State: District

Transaction ID: D94  
 Date of Disbursement  
 04 / 15 / 2004

Amount of Each Disbursement this Period  
 1838.94

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

**SUBTOTAL** of Disbursements This Page (optional) ▶ **3760.84**

**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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)  
 King for Congress

Full Name (Last, First, Middle Initial)  
 A. Kimberly Wood

Mailing Address 3260 Venus Street, #44

City Las Cruces State NM Zip Code 88012

Purpose of Disbursement  
 Reimbursement for airline ticket

Candidate Name

Office Sought: House Senate President  
 Disbursement For: 2004  
 Primary General  
 Other (specify) ▼

State: District

002  
 Category/  
 Type

Transaction ID: D77  
 Date of Disbursement

04 / 22 / 2004

Amount of Each Disbursement this Period

382.88

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

Full Name (Last, First, Middle Initial)  
 B. Kimberly Wood

Mailing Address 3260 Venus Street, #44

City Las Cruces State NM Zip Code 88012

Purpose of Disbursement  
 Finance Director Salary

Candidate Name

Office Sought: House Senate President  
 Disbursement For: 2004  
 Primary General  
 Other (specify) ▼

State: District

001  
 Category/  
 Type

Transaction ID: D95  
 Date of Disbursement

04 / 30 / 2004

Amount of Each Disbursement this Period

1838.94

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

SUBTOTAL of Disbursements This Page (optional) ▶

2221.82

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

99698.80

**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 type="checkbox"/>	17	<input type="checkbox"/>	18	<input checked="" 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)  
 King for Congress

Full Name (Last, First, Middle Initial)

A. Wells Fargo

Mailing Address 901 Highway 66

City Moriarty State NM Zip Code 87035

Purpose of Disbursement  
 Principal Loan Repayment (\$50,000)

Candidate Name

Office Sought: House  
 Senate  
 President

State: District

Disbursement For: 2004  
 Primary General  
 Other (specify) ▼

001  
 Category/  
 Type

Transaction ID: D100

Date of Disbursement

05 / 10 / 2004

Amount of Each Disbursement this Period

867.07

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

SUBTOTAL of Disbursements This Page (optional) ▶

867.07

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

867.07

**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 40 / 45
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
King for Congress

Transaction ID: L1

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Gary King (Personal Funds)	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 101 West Pecan	
City Carlsbad State NM ZIP Code 95230	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate	Secured:
	03 <sup>rd</sup> 17 <sup>th</sup> 2004	20050317	0 % (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:

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>10000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	
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 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 41 / 45
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
King for Congress

Transaction ID: L9

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Gary King (Personal Funds)	<b>Election:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Mailing Address 101 West Pecan		
City Carlsbad State NM ZIP Code 88220		
Original Amount of Loan 2715.74	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2715.74

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate	Secured:
	03 <sup>rd</sup> 30 <sup>th</sup> 2004	20050330	0 % (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:

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>2715.74</b>
<b>TOTALS</b> This Period (last page in this line only) .....	
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 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 42 / 45
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
King for Congress

Transaction ID: L10

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Gary King (Personal Funds)	<b>Election:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Mailing Address 101 West Pecan			
City Carlsbad State NM ZIP Code 88220			
Original Amount of Loan 7285.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 7285.00	

<b>TERMS</b>	Date Incurred 02 <sup>nd</sup> 12 <sup>th</sup> 2004	Date Due 20050212	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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:

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>7285.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	
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 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 43 / 45
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
King for Congress

Transaction ID: L11

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Gary King (Personal Funds)	<b>Election:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Mailing Address 101 West Pecan			
City Carlsbad State NM ZIP Code 88220			
Original Amount of Loan 4000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 4000.00	

<b>TERMS</b>	Date Incurred 12 <sup>th</sup> 10 <sup>th</sup> 2003	Date Due 20051210	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------	---	----------------------	----------------------------	---

<b>List All Endorsers or Guarantors (if any) to Loan Source</b>			
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:		

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>4000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	
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 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 44 / 45
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
King for Congress

Transaction ID: L12

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Gary King (Personal Funds)	<b>Election:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Mailing Address 101 West Pecan			
City Carlsbad State NM ZIP Code 88220			
Original Amount of Loan 36000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 36000.00	

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate	Secured:
	12 <sup>th</sup> 31 <sup>st</sup> 2003	20051231	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>List All Endorsers or Guarantors (if any) to Loan Source</b>	
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:

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>36000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	
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 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 45 / 45
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
King for Congress

Transaction ID: L13

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Wells Fargo	<b>Election:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Mailing Address 901 Highway 66			
City Moriarty State NM ZIP Code 87035			
Original Amount of Loan 50050.00	Cumulative Payment To Date 867.07	Balance Outstanding at Close of This Period 49182.93	

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate	Secured:
	03 <sup>rd</sup> 29 <sup>th</sup> 2004	2008/04/10	.0501 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>List All Endorsers or Guarantors (if any) to Loan Source</b>			
Full Name (Last, First, Middle Initial) Gary King	Name of Employer		
Mailing Address 101 West Pecan	Occupation		
City Carlsbad State NM ZIP Code 88220	Amount Guaranteed Outstanding:	50050.00	
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:		

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>49182.93</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<b>109183.73</b>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	