

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 2  
FOR LINE NUMBER 11(a)(1)

Contributions from Individuals/Persons

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)

Committee to Re-Elect Nydia M. Velazquez C00271312

A. Full Name, Mailing Address and ZIP Code

Juan A. Chaves Abreu  
Apartado 25011  
Rio Piedras, PR 00928

Name of Employer  
Self-Employed

Date (month, day, year)  
3/31/98

Amount of Each Receipt This Period  
\$1,000.00

Occupation  
Attorney

Receipt For:  Primary  General

Other (specify):

Aggregate Year-to-Date \$ 2,000.00

B. Full Name, Mailing Address and ZIP Code

Juan A. Chaves Abreu  
Apartado 25011  
Rio Piedras, PR 00928

Name of Employer  
Self-Employed

Date (month, day, year)  
3/31/98

Amount of Each Receipt This Period  
\$1,000.00

Occupation  
Attorney

Receipt For:  Primary  General

Other (specify):

Aggregate Year-to-Date \$ 2,000.00

C. Full Name, Mailing Address and ZIP Code

Miguel D. Lausell  
PO Box 191803  
San Juan, PR 00919-1803

Name of Employer  
Self-Employed

Date (month, day, year)  
3/31/98

Amount of Each Receipt This Period  
\$1,000.00

Occupation  
Attorney

Receipt For:  Primary  General

Other (specify):

Aggregate Year-to-Date \$ 2,000.00

D. Full Name, Mailing Address and ZIP Code

Miguel D. Lausell  
PO Box 191803  
San Juan, PR 00919-1803

Name of Employer  
Self-Employed

Date (month, day, year)  
3/31/98

Amount of Each Receipt This Period  
\$1,000.00

Occupation  
Attorney

Receipt For:  Primary  General

Other (specify):

Aggregate Year-to-Date \$ 2,000.00

E. Full Name, Mailing Address and ZIP Code

Donna Callejon  
11314 Kenilworth Avenue, Box 524  
Garrett Park, MD 20890

Name of Employer  
Fandra Mae

Date (month, day, year)  
3/23/98

Amount of Each Receipt This Period  
\$500.00

Occupation

Receipt For:  Primary  General

Other (specify):

Aggregate Year-to-Date \$ 500.00

F. Full Name, Mailing Address and ZIP Code

Richard Machado, M.D.  
P.O. Box 426  
Bayamon, PR 00960

Name of Employer  
Hospital & Hermanos Melendez

Date (month, day, year)  
3/24/98

Amount of Each Receipt This Period  
\$1,000.00

Occupation  
President

Receipt For:  Primary  General

Other (specify):

Aggregate Year-to-Date \$ 2,000.00

G. Full Name, Mailing Address and ZIP Code

Richard Machado, M.D.  
P.O. Box 426  
Bayamon, PR 00960

Name of Employer  
Hospital & Hermanos Melendez

Date (month, day, year)  
3/24/98

Amount of Each Receipt This Period  
\$1,000.00

Occupation  
President

Receipt For:  Primary  General

Other (specify):

Aggregate Year-to-Date \$ 2,000.00

SUBTOTAL of Receipts This Page (optional)

6,500.00

TOTAL This Period (last page this line number only)