

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

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USE FEC MAILING LABEL
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1. C00304550 NM/02 120597 N
CYNTHIA M RHODES
E SHIRLEY BACA FOR CONGRESS
A 1005 SYCAMORE DR
LAS CRUCES NM 88005
G

2. FEC IDENTIFICATION NUMBER

3. IS THIS REPORT AN AMENDMENT?
 YES NO

4. TYPE OF REPORT

- April 15 Quarterly Report 12-Day Pre-Election Report for the _____ (Type of Election)
election on _____ in the State of _____
- July 15 Quarterly Report
- October 15 Quarterly Report 30-Day Post-Election Report for the _____ (Type of Election)
election on _____ in the State of _____
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only) Termination Report

This report contains activity for Primary Election General Election Special Election Runoff Election

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
7/1/97 through 12/31/97		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	56,303.72	73,473.72
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	56,303.72	73,473.72
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	34,102.46	39,734.98
(b) Total Offsets to Operating Expenditures (from Line 14)		302.51
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	34,102.46	39,432.47
8. Cash on Hand at Close of Reporting Period (from Line 27)	34,259.88	For further information contact: Federal Election Commission 699 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	-0-	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	3,745.23	

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

Cynthia M. Rhodes

Signature of Treasurer

Cynthia M. Rhodes

Date

1/29/98

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

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FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (In full)	Report Covering the Period:	
E. Shirley Baca for Congress	From: 7/1/97	To: 12/31/97
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) -----	34,110.99	
(ii) Unitemized -----	12,697.50	
(ii) Total of contributions from individuals -----	46,808.49	62,978.49
(b) Political Party Committees -----	-0-	-0-
(c) Other Political Committees (such as PACs) -----	5,750.00	6,750.00
(d) The Candidate -----	3,745.23	3,845.23
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d)) -----	56,303.72	73,573.72
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----		
13. LOANS:		
(a) Made or Guaranteed by the Candidate -----		
(b) All Other Loans -----		
(c) TOTAL LOANS (add 13(a) and (b)) -----		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----		
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----		
16. TOTAL RECEIPTS (add 11(a), 12, 13(c), 14 and 15) -----	56,303.72	73,573.72
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES -----	34,102.46	39,734.98
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES -----		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate -----		
(b) Of All Other Loans -----		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees -----		
(b) Political Party Committees -----		
(c) Other Political Committees (such as PACs) -----		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----		
21. OTHER DISBURSEMENTS -----		400.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----	34,102.46	40,134.98

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$ 12,058.62	
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$ 56,303.72	
25. SUBTOTAL (add Line 23 and Line 24) -----	\$ 68,362.34	
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$ 34,102.46	
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$ 34,259.88	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 14
FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (In Full)

E. Shirley Baca for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Apodaca, Virginia P. P.O. Box 23385 Washington, DC 20026-3385	US Government/Civil Service Administration	10/31/97	300.00
	Occupation: Analyst	10/31/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 550.00		
B. Full Name, Mailing Address and ZIP Code Appleby, Anna M. 403 Eaton Ave. Socorro, NM 87801	Self	10/20/97	1,000.00
	Occupation: Owner/Bed & Breakfast		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code Architect, Glass 411 Main St. Truth or Consequences, NM 87901	Self	9/30/97	48.00
	Occupation: Art Gallery		IN KIND (Art)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 48.00		
D. Full Name, Mailing Address and ZIP Code Baca, Ernesto B. P.O. Box 2712 Santa Fe, NM 87504-2712	State of NM/Corp. Comm.	8/11/97	50.00
	Occupation: Hearing Officer	8/27/97 9/30/97	50.00 35.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 135.00		IN KIND (Art)
E. Full Name, Mailing Address and ZIP Code Baca, Narciso H. 1501 Boutz Rd. Las Cruces, NM 88001	n/a	11/8/97	200.00
	Occupation: Retired	12/31/97 12/30/97	100.00 180.83
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 780.83		IN KIND
F. Full Name, Mailing Address and ZIP Code Baca, Sonny 1501 Boutz Rd. Las Cruces, NM 88001	n/a	9/30/97	150.00
	Occupation: Unemployed		IN KIND (Art)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code Bartlett, M. Max 2909 Jane Ct., NE Albuquerque, NM 87112	Revisioning NM	9/8/97	300.00
	Occupation: Director	12/18/97	600.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		

SUBTOTAL of Receipts This Page (optional) 3,263.83

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 14
FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (In Full)

E. Shirley Baca for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Binning, Dixie L. P.O. Box 480 Hatch, NM 87937	Self General Publications, Inc. Occupation: Owner/Publisher	11/5/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bobbs, Elspeth G. 530 East Alameda Santa Fe, NM 87501	n/a Occupation: Retired	11/15/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Boswell, Robert 425 W. Las Cruces Ave. Las Cruces, NM 88005	Self Occupation: Author	9/30/97	47.00 IN KIND
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 47.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bowlin, Christine E. 9613 Thomas Ln., NW Albuquerque, NM 87114	Intel Occupation: Manufacturing Manager	10/27/97	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 450.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brazil, Louise 4639 W. Sovey Glendale, AZ 85301	Self Occupation: Owner/Furniture Store	11/15/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bremner, Elizabeth L. 907 Alhanna Way Santa Fe, NM 87501	Santa Fe Community Foundation Occupation: Director	10/16/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bunting, Dorelen F. 5021 Guadalupe Trail, NW Albuquerque, NM 87107-3542	n/a Occupation: Retired	12/18/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 450.00		

SUBTOTAL of Receipts This Page (optional)

1,647.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 14

FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (in Full)

E. Shirley Baca for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carpenter, Patricia A. 4401 Altura, NE Albuquerque, NM 87110	Self	10/14/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consultant	Aggregate Year-to-Date > \$ 750.00	
Chavez, Genevieve D. 700 Watson Lane Las Cruces, NM 88005	Self	7/15/97 10/5/97	50.00 150.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Housewife	Aggregate Year-to-Date > \$ 250.00	
Cope, Johnny D. 412 E. Arriba Hobbs, NM 88240	Self	12/12/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oil Business	Aggregate Year-to-Date > \$ 1,000.00	
Doroshov, Helen L. 826 Camino De Monte Rey, No. A2 Santa Fe, NM 87501	na	11/20/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 250.00	
Dubbin, Stella B. 4115 Senna Dr. Las Cruces, NM 88011	n/a	8/4/97 11/8/97	100.00 100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 200.00	
Duhigg, David 1750 Shadywise Dr., SW Albuquerque, NM 87105	Self	12/18/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 250.00	
Durkovich, Karen 1737 Lafayette Dr., NE Albuquerque, NM 87106	Self	10/3/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional) 2,800.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

E. Shirley Baca for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ewing, L.B. Rt. 11, Box 81-A Santa Fe, NM 87501	Self	9/13/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Photographer	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer for	Date (month, day, year)	Amount of Each Receipt This Period
Flemming, Roger 1005 Elm St., #D (PO Box 6876) Las Cruces, NM 88005 (88006)	Self (Ben Chavez)	9/15/97 9/30/97	3.00 500.00 IN KIND (Art)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Campaign Manager	Aggregate Year-to-Date > \$ 503.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Goad, Walter B. P.O. Box 2502 Santa Fe, NM 87504	n/a	11/24/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gonzales, Dan A. 1155 S. Telshor, Suite 302A Las Cruces, NM 88011	Self	10/2/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Haspel, Robert 1071 Governor Dempsey Drive Santa Fe, NM 87501	Self	11/15/97 11/19/97	200.29 IN KIND (Food) 700.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Recycler	Aggregate Year-to-Date > \$ 900.29	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Holmes, Kathryn 1001 N. Armijo Las Cruces, NM 88005	Las Cruces Public Schools	9/30/97	300.00 IN KIND (Art)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Administrator	Aggregate Year-to-Date > \$ 300.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Hurley, Mary J. Rt. 1, Box 368 Anthony, NM 88021	Memorial Medical Center	12/31/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Lab Technician	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional)

2,703.29

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

R. Shirley Baca for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jaramillo, Maria Rita 2816 N. Yucatan St. Arlington, VA 22213	Congressman Hinojosa	10/31/97	300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Staffperson Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jones, Virginia Watson 107 S. Lincoln Ave. Capitan, NM 88316	Art & Artifact	9/30/97	30.00 IN KIND (Art)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Art Director Aggregate Year-to-Date > \$ 30.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Krehbiel, Paul 705 Fitch Socorro, NM 87801	NM Institute of Mining & Technology	11/19/97	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Professor Aggregate Year-to-Date > \$ 200.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kron, Kristin 515 Tulane Pl., NE Albuquerque, NM 87106	Self	12/31/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Dance Educator Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kurtz, Donald L. P.O. Box 4182 VPB Las Cruces, NM 88003	New Mexico State Univ.	10/22/97	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Professor Aggregate Year-to-Date > \$ 350.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Landt, Nancy 710 3rd St. Tularosa, NM 88352	Self	9/30/97	200.00 IN KIND (Art)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Artist Aggregate Year-to-Date > \$ 200.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lear, Judith Ann 3101 Old Pecos Trail 113 Santa Fe, NM 87505	Self	9/26/97 12/8/97	150.00 100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Marketing Consultant Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional) 1,330.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 6 OF 14
FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (in Full)

E. Shirley Baca for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leger, Ernie 1515 Lonas Blvd., NW Albuquerque, NM 87104	Self	12/18/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lilley, Michael W. 7024 Raasaf Drive Las Cruces, NM 88005	Self	8/6/97 10/3/97 11/10/97 12/10/97	25.00 25.00 25.00 25.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 200.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lindsay, Imogen 2910 Utah, NE Albuquerque, NM 87110	n/a	11/19/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lippmann, Lionel 107 S. Lincoln Ave. Capitan, NM 88316	Art & Artifact	9/30/97	400.00 IN KIND (Art)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Artist	Aggregate Year-to-Date > \$ 400.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lipscomb, Penny 803 N. Pueblo Rd. Taos, NM	Self	9/30/97	200.00 IN KIND (Art)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Artist	Aggregate Year-to-Date > \$ 200.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lopez, Dave R. 1300 Glenwood Ave. Oklahoma City, OK 73116	Oklahoma SW Bell Telephone	10/25/97	300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Pres.	Aggregate Year-to-Date > \$ 300.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lowrey, Charlotte M. 1109 San Felipe Ave. Santa Fe, NM 87505	Woman's Leadership Org.	12/8/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional) 1,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 14
FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (In Full)

E. Shirley Baca for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Markinson, Arlena F. P.O. Box 877 Santa Fe, NM 87504	Self/ Soaring Eagle	9/27/97 12/20/97	500.00 100.00
	Occupation Owner	Aggregate Year-to-Date > \$ 600.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Marnell, Melodie 1700 N. Union Roswell, NM 80201-3267	Name of Employer Burger King	Date (month, day, year) 10/16/97	Amount of Each Receipt this Period 500.00
	Occupation Owner	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Martinez, Linda Valencia 1509 Florida, NE Albuquerque, NM 87110	Name of Employer Self	Date (month, day, year) 9/30/97	Amount of Each Receipt this Period 150.00 IN KIND (Art)
	Occupation Artist	Aggregate Year-to-Date > \$ 150.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Mason, Marsha 320 Galisteo Street, Suite 402B Santa Fe, NM 87501	Name of Employer Self	Date (month, day, year) 8/29/97	Amount of Each Receipt this Period 500.00
	Occupation Actress	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Masse, Roger E. 3750 Benton St. Santa Clara, CA 95051	Name of Employer Microsoft	Date (month, day, year) 12/13/97	Amount of Each Receipt this Period 250.00
	Occupation Tech Writer	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Massey, Pamela W. 1299 San Ildefonso Los Alamos, NM 87544	Name of Employer Los Alamos National Labs	Date (month, day, year) 12/16/97	Amount of Each Receipt this Period 250.00
	Occupation Project Coordinator	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Meaders, Michelle 921 Carlisle, NE Albuquerque, NM 87106	Name of Employer University of NM	Date (month, day, year) 10/20/97 10/31/97	Amount of Each Receipt this Period 100.00 250.00
	Occupation Insurance Claims	Aggregate Year-to-Date > \$ 350.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

2,600.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 8 OF 14
FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (in Full)

E. Shirley Baca for Congress

A. Full Name, Mailing Address and ZIP Code Messal, Judith L. 4384 Sandalwood Las Cruces, NM 88011	Name of Employer New Mexico State Univ.	Date (month, day, year) 11/24/97	Amount of Each Receipt this Period 250.00
	Occupation Faculty Member Aggregate Year-to-Date > \$ 250.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Meyer, Paulette J. 2637 Larkin St. San Francisco, CA 94109	Name of Employer Women's Initiative for Self Employment	Date (month, day, year) 12/16/97	Amount of Each Receipt this Period 500.00
	Occupation Chair Aggregate Year-to-Date > \$ 500.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Midgette, Sally P.O. Box 1 Roswell, NM 88210	Name of Employer Youth Center	Date (month, day, year) 9/30/97	Amount of Each Receipt this Period 1,000.00
	Occupation Director Aggregate Year-to-Date > \$1,000.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Moldaw, Carol Rt. 5, Box 231 Santa Fe, NM 87501	Name of Employer Self	Date (month, day, year) 10/23/97	Amount of Each Receipt this Period 250.00
	Occupation Attorney Aggregate Year-to-Date > \$250.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Morgan, Ron 508 Solano, SE Albuquerque, NM 87108	Name of Employer Self	Date (month, day, year) 12/31/97	Amount of Each Receipt this Period 1,000.00
	Occupation Attorney Aggregate Year-to-Date > \$ 1,000.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Moseburg, Irene M. 4566 Timmer Way East Silver City, NM 88061-4740	Name of Employer n/a	Date (month, day, year) 11/22/97	Amount of Each Receipt this Period 250.00
	Occupation Retired Aggregate Year-to-Date > \$ 750.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Mott, Maryanne 1915 San Leandro Lane Santa Barbara, CA 93108	Name of Employer n/a	Date (month, day, year) 8/11/97 11/28/97	Amount of Each Receipt this Period 250.00 250.00
	Occupation Retired Aggregate Year-to-Date > \$ 500.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)	3,750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

E. Shirley Baca for Congress

<p>A. Full Name, Mailing Address and ZIP Code McClure, C. Patricia P.O. Box 220 Grants, NM 87020</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation Artist</p> <p>Aggregate Year-to-Date > \$ 750.00</p>	<p>Date (month, day, year) 9/19/97</p>	<p>Amount of Each Receipt this Period 750.00 IN KIND (Art)</p>
<p>B. Full Name, Mailing Address and ZIP Code McCormick, Flavia D. 3249 Fairway Drive Las Cruces, NM 88011</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer n/a</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date > \$ 200.00</p>	<p>Date (month, day, year) 10/28/97</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>C. Full Name, Mailing Address and ZIP Code McElroy, Joseph Todd 118 E. Santa Fe Ave. Santa Fe, NM 87501</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Los Alamos National Labs</p> <p>Occupation Quality Assurance Specialist</p> <p>Aggregate Year-to-Date > \$ 265.00</p>	<p>Date (month, day, year) 9/15/97 12/24/97</p>	<p>Amount of Each Receipt this Period 10.00 250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code McGinn, Randi 2105 Campbell Rd., NW Albuquerque, NM 87104</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 12/10/97</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Parker, Sharon 1005 Highland Square Dr., NE Atlanta, GA 30306</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer American Institute for Managing Diversity</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$270.00</p>	<p>Date (month, day, year) 12/13/97</p>	<p>Amount of Each Receipt this Period 270.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Patterson, Melissa P.O. Box 25402 Albuquerque, NM 87125</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Legal Economics</p> <p>Occupation Economist</p> <p>Aggregate Year-to-Date > \$275.00</p>	<p>Date (month, day, year) 12/18/97</p>	<p>Amount of Each Receipt this Period 275.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Penn, Sandra P. 1117 Princeton Dr., NE Albuquerque, NM 87106</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation Medical Doctor</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 12/18/97</p>	<p>Amount of Each Receipt this Period 100.00</p>

SUBTOTAL of Receipts This Page (optional)

2,055.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

E. Shirley Baca for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pennington, E. Justin 2017 Yale Blvd., SE, Suite C Albuquerque, NM 87106	Self	12/18/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Perle, Robert A. 87 Lena Court Corrales, NM 87048	Self	11/5/97	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 200.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Potter, Deborah Dozier P.O. Box 1902 Santa Fe, NM 87504	Self	12/15/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Legal Assistant	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Potter, Earl W. 126 E. DeVargas Santa Fe, NM 87501	Self	7/17/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ray, Gail 1019 Santa Rita Silver City, NM 88061	Self	7/8/97	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Dentist	Aggregate Year-to-Date > \$ 200.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Reffalt, William C. 2514 Oakhampton Pl. Herndon, VA 20171	Environmental--Defenders of Wildlife	12/24/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rigsby, Linda Lane P.O. Box 44 Embudo, NM 87531	Self	7/26/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional)

3,150.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (In Full)

E. Shirley Baca for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rosen, Rachel 1293 Este Lane Santa Fe, NM 87501	Self	9/4/97	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Counselor	Aggregate Year-to-Date > \$ 200.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rosnagle, Barbara M. 159 White Tail Dr., NE Albuquerque, NM 87122	n/a	10/10/97	300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 300.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roybal, Charlotte B. Rt. 10, Box 138-B Santa Fe, NM 87501	Self (Roybal & Assoc.)	7/2/97	800.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consultant	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sanchez, Elisa M. 5117 Dudley Lane, Apt. 201 Bethesda, MD 20814	National Education Association	7/7/97 10/31/97	200.00 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Administrator	Aggregate Year-to-Date > \$ 450.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Simon, Eugene A. ECR 71, Box 1215 Raywood, NM 88034-9711	n/a	10/1/97	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 300.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Slick, Katherine P.O. Box 2184 Las Vegas, NM 87701	Self	12/18/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner / Plaza Hotel	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Snyder, Maryhelen 422 Camino Del Bosque, NW Albuquerque, NM 87107	Self	10/20/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Psychologist	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional)

2,700.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 12 OF 14
FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (In Full)

E. Shirley Baca for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stein-Romero, Janet P.O. Box 524 Ribera, NM 87560	Self	9/30/97	400.00 IN KIND (Art)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Artist	Aggregate Year-to-Date > \$ 400.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Strouse, William T. 1755 Hamiel Dr. Las Cruces, NM 88001	Community Action Agency of Southern N.M.	7/3/97 11/8/97 12/9/97	100.00 50.00 50.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive Director	Aggregate Year-to-Date > \$ 200.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thurgood, Joe 1421 Galisteo Santa Fe, NM 87501	State of NM/Dept. of Corrections	12/31/97	800.00 IN KIND
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director of Procurement	Aggregate Year-to-Date > \$ 800.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thurgood, Wanda 1421 Galisteo Santa Fe, NM 87501	Santo Domingo Pueblo	10/31/97	500.00 IN KIND
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Teacher	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Trolin, Martha J. 500 2nd St., SW Albuquerque, NM 87102	Self	9/27/97 11/28/97	20.00 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Consultant	Aggregate Year-to-Date > \$ 420.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Volkman, Wendy P.O. Box 6516 Santa Fe, NM 87502	Self	7/18/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Artist	Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Warsh, Herman 1915 San Leandro Lane Santa Barbara, CA 93108	N/A	8/11/97 11/28/97	250.00 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional) 3,670.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

E. Shirley Baca for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Watkins, Anne L. 312B-2 Greenwood, NW Albuquerque, NM 87107	City of Albuquerque	11/5/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Dir./Waste Management	Aggregate Year-to-Date > \$ 350.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Weissman, MORRIS 200 Park Ave. New York, NY 10166-4999	Self	12/17/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Investment Broker	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Wells, James C. P.O. Box 1212 Elephant Butte, NM 87935	Ben Archer Health Clinic	10/11/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Medical Doctor	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Winglow, Kathleen M. 3613 San Rio Pl., NW Albuquerque, NM 87107	Self	12/6/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Investment Broker	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Wissel, Kathryn 226 Dartmouth, NE Albuquerque, NM 87106	Self	11/5/97	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 200.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Wood, Diane 505 Ridgecrest Dr., SE Albuquerque, NM 87108	Self	10/31/97 12/6/97 11/26/97	250.00 150.00 41.87 IN KIND
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Lobbyist	Aggregate Year-to-Date > \$ 541.87	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Word, Terry M. 6401 Caballero Pkwy., NW Albuquerque, NM 87107	Self	11/17/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional)	2,141.87
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (in Full)

E. Shirley Baca for Congress

<p>A. Full Name, Mailing Address and ZIP Code Wurzburger, Rebecca 1300 Cruz Blanca Santa Fe, NM 87501</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation Realtor</p> <p>Aggregate Year-to-Date > \$ 200.00</p>	<p>Date (month, day, year) 12/18/97</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Zirker, Lorette Box 249 High Rolls, NM 88325</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer n/a</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date > \$ 200.00</p>	<p>Date (month, day, year) 10/14/97 11/4/97</p>	<p>Amount of Each Receipt this Period 100.00 100.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Elliston, Margaret S. 472 Priestley Rd. Corrales, NM 87048</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer n/a</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 11/14/97</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional) 550.00

TOTAL This Period (last page this line number only) 34,110.99

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11c

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)

E. Shirley Baca for Congress

<p>A. Full Name, Mailing Address and ZIP Code Iowa Tribe of Oklahoma RR #1, Box 721 Perkins, OK 74059</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 9/12/97</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Machinists Non-Partisan Political League 9000 Machinist Place Upper Marlboro, MD 20772</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 12/18/97</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code National Association of Social Workers 750 First St., NE, Suite 700 Washington, DC 20002-4241</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 1,500.00</p>	<p>Date (month, day, year) 12/30/97</p>	<p>Amount of Each Receipt this Period 1,500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code National Committee for an Effective Congress 122 C Street, NW, Suite 650 Washington, DC 20001</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 2,500.00</p>	<p>Date (month, day, year) 10/23/97</p>	<p>Amount of Each Receipt this Period 2,500.00 IN KIND</p>
<p>E. Full Name, Mailing Address and ZIP Code National Unity Caucus/Tecumseh Club 801 Pennsylvania Ave., NW, Suite 900 Washington, DC 20004</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 8/14/97</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

5,750.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 113

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NAME OF COMMITTEE (In Full)
E. Shirley Baca for Congress

<p>A. Full Name, Mailing Address and ZIP Code E. Shirley Baca 1501 Boutz Rd. Las Cruces, NM 88001</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation Candidate</p> <p>Aggregate Year-to-Date > \$ 3,845.23</p>	<p>Date (month, day, year) 12/31/97</p>	<p>Amount of Each Receipt this Period 3,745.23 IN KIND -- Phone, Travel Copying, Postage</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>3,745.23</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>3,745.23</p>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 5
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

E. Shirley Baca for Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Robert Adams 2135 Payne #205 Las Cruces, NM 88011	Contract Labor	10/30/97	1,670.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	11/28/97	625.00
	<input type="checkbox"/> Other (specify)	12/22/97	625.00
B. Full Name, Mailing Address and ZIP Code ASAP Printing 820 E. Lohman Las Cruces, NM 88001	Purpose of Disbursement Printing	10/15/97	282.59
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code Ancient City Art 1583 Pacheco St. Santa Fe, NM 87505	Purpose of Disbursement Shipping, Freight	11/28/97	481.01
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code Democratic Party of Dona Ana County 525 E. Lohman, Suite A Las Cruces, NM 88001	Purpose of Disbursement Rent	7/3/97	250.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	8/4/97	225.00
	<input type="checkbox"/> Other (specify)	9/2/97	225.00
E. Full Name, Mailing Address and ZIP Code Democratic Party of Dona Ana County 525 E. Lohman, Suite A Las Cruces, NM 88001	Purpose of Disbursement Rent	10/3/97	225.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	11/5/97	225.00
	<input type="checkbox"/> Other (specify)	12/5/97	225.00
F. Full Name, Mailing Address and ZIP Code Democratic Party of Dona Ana County 525 E. Lohman, Suite A Las Cruces, NM 88001	Purpose of Disbursement Precinct Lists	11/14/97	8.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code Diversified Printing 201 San Pedro, NE Albuquerque, NM 87108	Purpose of Disbursement Printing	11/25/97	561.81
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code Patricia Erickson 1120 West Sixth St. Silver City, NM 88061	Purpose of Disbursement Contract Labor Expense Reimb.	8/1/97	84.50 (exp)
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	9/12/97	2,534.00 (lab)
	<input type="checkbox"/> Other (specify)	11/28/97	675.00 (lab)
I. Full Name, Mailing Address and ZIP Code Roger Fleming 1022 Elm St., #0 Las Cruces, NM 88005	Purpose of Disbursement Fax Machine	7/18/97	200.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	9/30/97	500.00 IN
	<input type="checkbox"/> Other (specify)		KIND

SUBTOTAL of Disbursements This Page (optional)

9,621.91

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 5
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

E. Shirley Baca for Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Fraioli, Inc. 80 F Street, NW, #804 Washington, DC 20001	Fundraising Management Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/97	2,000.00
Josie Graziado 6145 Glen Eagles Falls Church, VA 22044-2565	Reimb. Food/Fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/4/97	201.72
LDDS WorldCom 100 NE Loop 410, Suite 400 San Antonio, TX 78216-4743	Long Distance Service Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/10/97 9/2/97 9/5/97	149.18 28.42 80.91
Net Channel Marketing P.O. Box 7848 Albuquerque, NM 87194	Internet Web Site Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/4/97	554.53
Bryan Ortiz 4001 Indian School Rd., NE, Suite 301 Albuquerque, NM 87110	Fundraising Contract Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/20/97	500.00
The Print Shop 1114 Espanola Las Cruces, NM 88001	Printing/Copying Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/15/97	234.92
Quik Print 1711 Llano, Suite C Santa Fe, NM 87505	Printing/Copying Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/28/97 12/15/97	145.36 98.65
Adrian Saenz 3500 Oakgate Dr., #802 San Antonio, TX 78230	Contract Labor Contract Labor & Exp. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/12/97 10/14/97	2,000.00 1,840.71
TRESKO P.O. Box 2548 Las Cruces, NM 88004	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/21/97	313.65

SUBTOTAL of Disbursements This Page (optional)

8,148.05

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 5
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

E. Shirley Baca for Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U.S. Postal Service 201 E. Las Cruces Ave. Las Cruces, NM 88001	Postage	9/29/97	160.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	10/31/97	127.80
	<input type="checkbox"/> Other (specify)	11/10/97	128.00
		11/28/97	320.00
B. Full Name, Mailing Address and ZIP Code U.S. Postal Service 201 E. Las Cruces Ave. Las Cruces, NM 88001	Purpose of Disbursement Postage; PO Box Rent	Date (month, day, year) 9/19/97	Amount of Each Disbursement This Period 6.40
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	12/22/97	320.00
	<input type="checkbox"/> Other (specify)	12/4/97	58.00 Box rent
C. Full Name, Mailing Address and ZIP Code U.S. West Communications P.O. Box 29060 Phoenix, AZ 85038-9060	Purpose of Disbursement Phone Service	Date (month, day, year) 7/3/97	Amount of Each Disbursement This Period 81.49
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	7/23/97	150.59
	<input type="checkbox"/> Other (specify)	8/18/97	52.55
		9/5/97	131.20
D. Full Name, Mailing Address and ZIP Code U.S. West Communications P.O. Box 29060 Phoenix, AZ 85038-9060	Purpose of Disbursement Phone Service	Date (month, day, year) 10/24/97	Amount of Each Disbursement This Period 12.28
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	10/31/97	231.86
	<input type="checkbox"/> Other (specify)	10/31/97	455.29
		11/17/97	212.80
E. Full Name, Mailing Address and ZIP Code U.S. West Communications P.O. Box 29060 Phoenix, AZ 85038-9060	Purpose of Disbursement Phone Service	Date (month, day, year) 11/26/97	Amount of Each Disbursement This Period 887.20
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	12/4/97	324.81
	<input type="checkbox"/> Other (specify)	12/15/97	943.42
F. Full Name, Mailing Address and ZIP Code Way Out West Restaurant 1720 Avenida de Mesilla Las Cruces, NM 88005	Purpose of Disbursement Food/Fundraiser	Date (month, day, year) 7/18/97	Amount of Each Disbursement This Period 246.75
G. Full Name, Mailing Address and ZIP Code Glass Architect 411 Main St. Truth or Consequences, NM 87901	Purpose of Disbursement In Kind -- Art	Date (month, day, year) 9/30/97	Amount of Each Disbursement This Period 48.00 In Kind
H. Full Name, Mailing Address and ZIP Code Marciso R. Baca 1501 Boutz Rd. Las Cruces, NM 88001	Purpose of Disbursement In Kind -- Advertising	Date (month, day, year) 12/30/97	Amount of Each Disbursement This Period 180.83 In Kind
I. Full Name, Mailing Address and ZIP Code Sonny Baca 1501 Boutz Rd. Las Cruces, NM 88001	Purpose of Disbursement In Kind -- Art	Date (month, day, year) 9/30/97	Amount of Each Disbursement This Period 150.00 In Kind

SUBTOTAL of Disbursements This Page (optional)

5,209.27

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 5
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

E. Shirley Baca for Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement In Kind -- Art Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period 47.00 In Kind
Robert Boswell 425 W. Las Cruces Ave. Las Cruces, NM 88005	In Kind -- Food for Fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/97	200.29 In Kind
Kathryn Holmes 1001 N. Armijo Las Cruces, NM 88005	In Kind -- Art Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/97	300.00 In Kind
Virginia Watson Jones 107 S. Lincoln Ave. Capitan, NM 88316	In Kind -- Art Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/97	30.00 In Kind
Nancy Landt 710 3rd St. Tularosa, NM 88352	In Kind -- Art Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/97	200.00 In Kind
Lionel Lippmann 107 S. Lincoln Ave. Capitan, NM 88316	In Kind -- Art Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/97	400.00 In Kind
Penny Lipscomb 803 N. Pueblo Rd. Taos, NM	In Kind -- Art Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/97	200.00 In Kind
Linda Valencia Martinez 1509 Florida NE Albuquerque, NM 87110	In Kind -- Art Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/97	150.00 In Kind
C. Patricia McClure P.O. Box 220 Grants, NM 87020	In Kind -- Art Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/19/97	750.00 In Kind

SUBTOTAL of Disbursements This Page (optional)

2,277.29

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 5
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

E. Shirley Baca for Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Janet Stein-Romero P.O. Box 524 Ribera, NM 87560	In Kind -- Art Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/97	400.00 In Kind
B. Full Name, Mailing Address and ZIP Code Joe Thurgood 1421 Galisteo Santa Fe, NM 87501	Purpose of Disbursement In Kind -- Office Rent Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/31/97	Amount of Each Disbursement This Period 800.00 In Kind
C. Full Name, Mailing Address and ZIP Code Wanda Thurgood 1421 Galisteo Santa Fe, NM 87501	Purpose of Disbursement In Kind -- Rent for Fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/31/97	Amount of Each Disbursement This Period 500.00 In Kind
D. Full Name, Mailing Address and ZIP Code Diane Wood 505 Ridgecrest Dr., SE Albuquerque, NM 87108	Purpose of Disbursement Letterhead, Env In Kind -- Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/26/97	Amount of Each Disbursement This Period 41.87 In Kind
E. Full Name, Mailing Address and ZIP Code National Committee for an Effective Congress 122 C. Street, NW, Suite 650 Washington, DC 2001	Purpose of Disbursement In Kind -- Electoral Targeting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/23/97	Amount of Each Disbursement This Period 2,500.00 In Kind
F. Full Name, Mailing Address and ZIP Code E. Shirley Baca 1501 Boutz Rd, Las Cruces, NM 88001	Purpose of Disbursement In Kind -- Travel, Phone, Copying, Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/31/97	Amount of Each Disbursement This Period 3,745.23 In Kind
G. Full Name, Mailing Address and ZIP Code Ernesto Baca P.O. Box 2712 Santa Fe, NM 87504-2712	Purpose of Disbursement In Kind -- Art Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/30/97	Amount of Each Disbursement This Period 35.00 In Kind
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

8,022.10

TOTAL This Period (last page this line number only)

33,278.62

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (in Full) E. Shirley Baca for Congress	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor E. Shirley Baca 1501 Boutz Rd. Las Cruces, NM 88001	-0-	3,745.23	-0-	3,745.23
Nature of Debt (Purpose): Expenses for Travel, Copying, Postage				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor ..				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				

1) SUBTOTALS This Period This Page (optional)

2) TOTALS This Period (last page in this line only)

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)