

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 |
|--|--------------------------------|--------------------------------------|------------------------------------|
| 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)