

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Democratic Party of New Mexico		FEC IDENTIFICATION NUMBER <b>C</b> C00161810	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		Date M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 0 9	
Full Name (Last, First, Middle, Initial) of Payee Positive Contacts Consulting		Amount -550.02	
Mailing Address 400 Gold St., SW Suite 210		Transaction ID: 24-16-00014-00014	
City Albuquerque	State NM	Zip Code 87102	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> Presidential
Purpose of Expenditure Refund of Robo Call Paid for but not used		Category/ Type	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate supported or Opposed by expenditure: John S. McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Calendar Year-To-Date Per Election for Office Sought		-550.02	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	-550.02
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	-550.02
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Thomas R Buckner Signature	Date M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 9