

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 13 OF 17
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 Schultz, Ken 1355 Wagon Train, SE Albuquerque, NM 87123	Name of Employer The Advantage, Inc. (self) Occupation Consultant	Date (month, day, year) 9/22/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 250.00			
B. Full Name, Mailing Address and ZIP Code Simon, Eugene A. HCR 71, Box 1215 Faywood, NM 88034	Name of Employer Retired Occupation	Date (month, day, year) 7/10/98 9/21/98	Amount of Each Receipt this Period 500.00 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$700.00			
C. Full Name, Mailing Address and ZIP Code Smith, Jeffrey M. 6423 Lakeview Dr. Falls Church, VA 22041	Name of Employer US Justice Dept. Occupation Attorney	Date (month, day, year) 7/16/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$250.00			
D. Full Name, Mailing Address and ZIP Code Snead, Patricia 4148 Dietz Farm Circle, NE Albuquerque, NM 87107	Name of Employer Self Occupation Attorney	Date (month, day, year) 7/23/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$250.00			
E. Full Name, Mailing Address and ZIP Code Snyder, Maryhelen 422 Camino del Bosque, NW Albuquerque, NM 87114	Name of Employer Self Occupation Consultant	Date (month, day, year) 7/15/98	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$500.00			
F. Full Name, Mailing Address and ZIP Code Soza, William 1909 Armand Ct. Falls Church, VA 22043	Name of Employer Soza & Co., LTD Occupation CPA	Date (month, day, year) 8/15/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$500.00			
G. Full Name, Mailing Address and ZIP Code Stericker, Anne Bradford 4642 N. Paseo Pitiquito Tucson, AZ 85750	Name of Employer Self Occupation Psychologist	Date (month, day, year) 9/21/98	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional) 2,500.00

TOTAL This Period (last page this line number only)