

SCHEDULE A		ITEMIZED RECEIPTS		22 / 82
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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) DEMOCRATIC PARTY OF NEW MEXICO				
Full Name, Mailing Address, and ZIP Code Carroll Cagle 6321 Cuesta Pl. NW Albuquerque NM 87110 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Cagle & Assoc Occupation Technology Consultant Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 09/27/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code Cecelia Griffin 222 Barcus Ruidoso NM 88345 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer None Occupation Retired Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 09/27/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code Michael Paul Gross 424 Camino Del Monte Sol Santa Fe NM 87501 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Occupation Attorney Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 09/27/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code Mary Gail Gwaltney 1910 N. Alameda Las cruces NM 88005 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Occupation Movie Theaters Aggregate Year-to-Date > \$ 1500.00	Date (month, day, year) 09/27/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code Mary F Hoffman 1602 Sigman Chi NE Albuquerque NM 87106 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Occupation Attorney Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 09/27/2000	Amount of Each Receipt this Period 300.00	
Full Name, Mailing Address, and ZIP Code Alice King P.O. Box 83 Stanley NM 87056 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer King Ranch Occupation Owner Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 09/27/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code Bruce King P.O. Box 83 Stanley NM 87056 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer King Ranch Occupation Rancher Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 09/27/2000	Amount of Each Receipt this Period 1000.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				