

DEMOCRATIC PARTY OF NEW MEXICO
5317 MENAUL BLVD. NE
Albuquerque, New Mexico 87110
505-830-3650 or 800-624-2457 fax 505-830-3645

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
JUN 11 9 33 AM '98

June 10, 1998

To the FEC Report Analysts:

Enclosed you will find our FEC report for the time period on April 1, 1998 through June 3, 1998. On June 3, 1998, we paid one of our vendors, Greer, Margolis, Mitchell and Burns Association, Inc. \$80,000.00 for advertising. This expenditure was "wire transferred" from the Non-Federal account by mistake. This was an accounting error that we became immediately aware of and have now taken steps to correct. Our vendor has returned the funds to our Non-Federal account, we have transferred the funds to our Federal account and have paid the vendor from the appropriate account.

If you have any questions, please do not hesitate to call.

Sincerely,



Ray D. Sena
State Chairman

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
 (Summary Page)

RECEIVED
 FEDERAL ELECTION
 COMMISSION MAIL ROOM

JUN 11 9 32 AM '98

USE FEC MAILING LABEL
 OR
 TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
Democratic Party of New Mexico

ADDRESS (number and street) Check if different than previously reported
5317 Menaul NE

CITY, STATE and ZIP CODE
Albuquerque, NM 87110

2. REC IDENTIFICATION NUMBER
CO016180

3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Special Election Report**
 6/14/98 - 6/13/98
 due 6/14/98
- (b) Is this Report an Amendment? YES NO

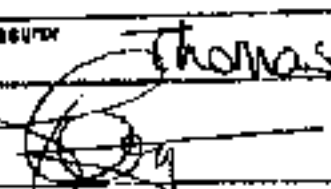
- Monthly Report Due On:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Tenth day report preceding _____ (Type of Election)
 election on _____ in the State of _____
- Thirtieth day report following the General Election on _____ in the State of _____

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period _____ through _____		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 1106.96
(b) Cash on Hand at Beginning of Reporting Period	\$ 1730.42	
(c) Total Receipts (from Line 19)	\$ 174,553.50	\$
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$	\$
7. Total Disbursements (from Line 20)	\$ 148,809.75	\$
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 27,474.17	\$
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

For further information contact:
 Federal Election Commission
 950 E Street, NW
 Washington, DC 20543
 Toll Free 800-424-9630
 Local 202-219-3420

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: **Thomas Ateitty**

Signature of Treasurer: 

Date: **6/9/98**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5457g.

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
	FROM	TO:	
	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	58,514.40	90,558.80	11(e)
ii. Unitemized		1,100.00	11(a)
iii. Total (add i and ii) >			11(a)
b. Political Party Committees	102,039.40	164,210.16	11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) >	160,553.80	226,374.28	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity	14,000.00	34,400.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	174,553.80	239,833.96	19
20. Total Federal Receipts (subtract line 18 from line 19) >	160,553.80	197,957.87	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	13,244.16	20,724.55	21(a)
ii. Non-Federal Share	81,356.97	127,307.96	21(b)
b. Other Federal Operating Expenditures			21(c)
c. Total Operating Expenditures (add a i, a ii, and b) >	94,601.13	148,032.51	21(d)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees			23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	19,986.92	19,986.92	25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >			28(d)
29. Other Disbursements	34,221.70	34,221.70	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	148,809.75	202,241.13	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	54,208.62	41,489.01	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	160,553.80	226,374.28	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans) (subtract line 33 from line 32)	160,553.80	226,374.28	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	13,244.16	20,724.55	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 35 from line 34) >	13,244.16	20,724.55	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER

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)

D?NM

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Art Washen</i> <i>10916 4th NW</i> <i>Adelphi, VA 22017</i> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<i>Att.</i> Occupation Aggregate Year-to-Date > \$	<i>4/1/98</i>	<i>75⁰⁰</i>
B. Full Name, Mailing Address and ZIP Code <i>Nancy Sparks</i> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	<i>4/1/98</i>	<i>2⁰⁰</i>
C. Full Name, Mailing Address and ZIP Code <i>Dallas Jones</i> <i>766 S Hill #206</i> <i>Parade, VA 22130</i> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	<i>4/1/98</i>	<i>20⁰⁰</i>
D. Full Name, Mailing Address and ZIP Code <i>Pauline Clark</i> <i>483 N M #83</i> <i>Tapp VA 22157</i> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	<i>4/1/98</i>	<i>20⁰⁰</i>
E. Full Name, Mailing Address and ZIP Code <i>Misc</i> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	<i>4/1/98</i>	<i>88⁰⁰</i>
<input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code <i>Alice King</i> <i>Box 47</i> <i>Whorensy, VA 22135</i> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	<i>4/1/98</i>	<i>325⁰⁰</i>

SUBTOTAL of Receipts This Page (optional)

530.00

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 2 OF 20
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

DPNM

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>Keri Helson Rt 3 Box 393 Lynchburg, VA 27532</i>		<i>4/1/98</i>	<i>40⁰⁰</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
<i>B. Full Name, Mailing Address and ZIP Code NSDC Dollars for Democrats 430 So. Capital B.E. Washington, D.C. 20003</i>	<i>PAC.</i>	<i>4/2/98</i>	<i>10,000</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
<i>C. Full Name, Mailing Address and ZIP Code Diane Denish P.O. Box 30561 Richmond, VA 23230</i>		<i>4/2/98</i>	<i>50⁰⁰</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
<i>D. Full Name, Mailing Address and ZIP Code Dan McManis 3117 La Mancha Rd Richmond, VA 23104</i>		<i>4/2/98</i>	<i>100⁰⁰</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
<i>E. Full Name, Mailing Address and ZIP Code Scarborough Box 209 Lynchburg, VA 27535</i>		<i>4/2/98</i>	<i>50⁰⁰</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
<i>F. Full Name, Mailing Address and ZIP Code Maloo 1319 San Pedro Rd Rich. VA 27110</i>		<i>4/2/98</i>	<i>50⁰⁰</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
<i>G. Full Name, Mailing Address and ZIP Code Elizabeth Galt P.O. Box 753 Rich. VA 27103</i>		<i>4/14/98</i>	<i>50⁰⁰</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) *10,340.00*

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 30
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Democratic Party of New Mexico

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Branch Law Firm 3025 Rio Grande NW Alb. NM 87104 <i>Turner branch</i>	Branch Law Firm Occupation: <i>Attorney</i>	4/14/98	3,000. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 3000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Iney Soto 301 Howard Dr Albuquerque NM 87106		4/14/98	100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carl Patten 126 E. Panajac Santa Fe, NM 87501		4/14/98	200. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAC 430 So. Capital St Washington, D.C. 20003		4/16/98	4839. ⁴¹ / ₃₂
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas W. Morgan 75 Loma Vista Dr Los Alamos, NM 87544		4/22/98	100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marion W. Morgan 75 Loma Vista Dr. Los Alamos, NM 87544		4/22/98	100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Harold Brown 260 E. Alameda No 133 Santa Fe, NM 87501		4/22/98	200. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200.00	

SUBTOTAL of Receipts This Page (optional)

8539.41

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 4 OF 20
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

DPNM

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Charles Rennie P.O. Box 904 Alto, NM. 89312 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$	4/22/98	20 ⁰⁰
Lynn Pickard P.O. Box 2483 Santa Fe, NM 87504 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 300.00	4/22/98	200 ⁰⁰
A. Don Schreiber 300 Westview Dr Farmington, NM 87401 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-employed Occupation Aggregate Year-to-Date > \$ 1000.00	4/22/98	1000 ⁰⁰
N. Lynn Pinta 18 Bern St N.W. Albuquerque, NM 87120 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 200.00	4/22/98	200 ⁰⁰
Joseph Todd Mc Gray 119 S. Santa Fe Santa Fe, NM 87501 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	4/22/98	100 ⁰⁰
Janice Pate 5553 Elba Rd NW Albuquerque, NM 87107 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	4/22/98	100 ⁰⁰
Teddy K. Hartley P.O. Box 309 Illinois, NM. 88101 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 200.00	4/22/98	200 ⁰⁰

SUBTOTAL of Receipts This Page (optional)

1820.00

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 5 OF 20
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael Montoya NEA Bldg. 130 So. Capitol Santa Fe N.M. 87503 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 200.00	4/14/98	200.00
Carol Cloer #337 CR. 5500 Bloomfield, N.M. 87413 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$	4/14/98	50.00
Ben Alexander Hobbs, N.M. 88240 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$	4/14/98	40.00
Linda Siegle P.O. Box 8607 Santa Fe, N.M. 87504 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$	4/22/98	100.00
Kathryn K. Dieroff 9904 Arvilla Dr. Alb., N.M. 87111 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 200.00	4/22/98	200.00
Annie Bailey Box 137 Ft. Sumner N.M. 88119 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 200.00	4/22/98	200.00
Eric Scott 3312 Calle De Daniel N.W. Alb., N.M. 87104 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 200.00	4/22/98	200.00

SUBTOTAL of Receipts This Page (optional)

990.00

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 10 OF 20
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

DPNM

A. Full Name, Mailing Address and ZIP Code <i>Robert D. Armstrong</i> <i>2008 N. Washington</i> <i>Roswell, NM 88201</i>		Name of Employer <i>self</i>	Date (month, day, year) <i>4/27/98</i>	Amount of Each Receipt this Period <i>5.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation <i>Construction</i>	Aggregate Year-to-Date > \$ <i>300.00</i>	
B. Full Name, Mailing Address and ZIP Code <i>J. Gerard Roles</i> <i>P.O. Drawer 1300</i> <i>Roswell, NM 88202</i>		Name of Employer <i>self</i>	Date (month, day, year) <i>4/27/98</i>	Amount of Each Receipt this Period <i>5.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation <i>Attorney</i>	Aggregate Year-to-Date > \$ <i>5000.00</i>	
C. Full Name, Mailing Address and ZIP Code <i>R. E. Thompson</i> <i>6405 La Cuchilla N.W.</i> <i>Albuquerque, NM 87107</i>		Name of Employer 	Date (month, day, year) <i>4/27/98</i>	Amount of Each Receipt this Period <i>100.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation 	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code <i>Gary Blakely</i> <i>P.O. Box # 44075</i> <i>Santa Fe, NM 87502</i>		Name of Employer <i>Blakes Hole Burger</i>	Date (month, day, year) <i>4/27/98</i>	Amount of Each Receipt this Period <i>1000</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation 	Aggregate Year-to-Date > \$ <i>1000.00</i>	
E. Full Name, Mailing Address and ZIP Code <i>Connie Ann Toulouse</i> <i>4057 Senior Ct S.E.</i> <i>Albuquerque, NM 87108</i>		Name of Employer <i>Human Services</i>	Date (month, day, year) <i>4/27/98</i>	Amount of Each Receipt this Period <i>650.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation <i>Care worker</i>	Aggregate Year-to-Date > \$ <i>650.00</i>	

G. Full Name, Mailing Address and ZIP Code <i>Spine Center of N.M.</i> <i>10451 Montgomery Pkwy. NE</i> <i>Albuquerque, NM 87110</i>		Name of Employer <i>Med. Tech</i>	Date (month, day, year) <i>4/29/98</i>	Amount of Each Receipt this Period <i>400.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation 	Aggregate Year-to-Date > \$ <i>400.00</i>	

SUBTOTAL of Receipts This Page (optional)	<i>3150.00</i>
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 26 FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

D P N M

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald Quenaby 1004 Wether Hobbs, NM 88245 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		4/29/98	200 ⁰⁰
Aggregate Year-to-Date > \$ 200.00			
Carl M. Baldwin 3089 Playa Blanca Santa Fe, NM 87505 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		4/29/98	200 ⁰⁰
Aggregate Year-to-Date > \$ 200.00			
B. D. Provitt 1424 Signa Cte N.E. Albuquerque, NM 87106 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		4/29/98	200 ⁰⁰
Aggregate Year-to-Date > \$ 200.00			
D. Full Name, Mailing Address and ZIP Code James T. Richards 422 W. K. Lewis Hobbs, NM 88240 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		4/29/98	100 ⁰⁰
Aggregate Year-to-Date > \$			
E. Full Name, Mailing Address and ZIP Code Law Office Cunningham & Rhodes P.O. Drawer N. Alamosa, NM 88316 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Law Firm	4/29/98	400 ⁰⁰
Aggregate Year-to-Date > \$ 400.00			
F. Full Name, Mailing Address and ZIP Code John L. Simons 214 San Pedro NE Albuquerque, NM 87108 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		4/29/98	250 ⁰⁰
Aggregate Year-to-Date > \$ 200.00			
G. Full Name, Mailing Address and ZIP Code Jon M. Scheuring 513 Penon Creek Rd S.E. Alt. N.M. 87123 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		4/29/98	200 ⁰⁰
Aggregate Year-to-Date > \$ 200.00			

SUBTOTAL of Receipts This Page (optional)

1500.00

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 1 OF 2
FOR LINE NUMBER

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)
DPNM

A. Full Name, Mailing Address and ZIP Code <i>Bernellito County Dem Party</i> <i>303 San Mateo Blvd.</i> <i>Act. N.M. 87108</i>	Name of Employer	Date (month, day, year) <i>5/4/98</i>	Amount of Each Receipt this Period <i>100⁰⁰</i>
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

B. Full Name, Mailing Address and ZIP Code <i>Susan Mc Neire</i> <i>P.O. Box 468</i> <i>Eden Court, N.M. 87006</i>	Name of Employer	Date (month, day, year) <i>5/4/98</i>	Amount of Each Receipt this Period <i>100⁰⁰</i>
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

C. Full Name, Mailing Address and ZIP Code <i>Toni Morterelli</i> <i>1750 Shady Side Dr S.W.</i> <i>Act. 87805</i>	Name of Employer	Date (month, day, year) <i>5/4/98</i>	Amount of Each Receipt this Period <i>100⁰⁰</i>
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

D. Full Name, Mailing Address and ZIP Code <i>N.M. Central C. Union</i> <i>8418 Juno Rd S.E.</i> <i>Act. N.M. 87108</i>	Name of Employer	Date (month, day, year) <i>5/5/98</i>	Amount of Each Receipt this Period <i>200⁰⁰</i>
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <i>2000</i>		

<input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	
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F. Full Name, Mailing Address and ZIP Code <i>N.M. Consulting</i> <i>10021 Boulder, N.W.</i> <i>Act. N.M. 87114</i>	Name of Employer <i>Old State Ins. Fund</i>	Date (month, day, year) <i>5/5/98</i>	Amount of Each Receipt this Period <i>1000⁰⁰</i>
	Occupation <i>Cattle Co.</i>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <i>1000-00</i>		

<input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	
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SUBTOTAL of Receipts This Page (optional) *1500.00*

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 9 OF 100
FOR LINE NUMBER

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)

DPAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>Fred O'Cheney P.O. Box 3988 Alb., N.M. 87190</i>	<i>Consulting</i>	<i>4/28/98</i>	<i>300.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>John J. Kelly 3570 Walters Pl NE Alb. N.M. 87106</i>	<i>U.S. Attorney</i>	<i>4/28/98</i>	<i>400.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>Dr. James A. Meitz 703 Prospect Pl N.E. Alb., N.M. 87110</i>		<i>4/29/98</i>	<i>200.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>Hobbs Rental Corp. P.O. Box 925 Hobbs, N.M. 88241</i>	<i>Equip. Rentals</i>	<i>4/29/98</i>	<i>500.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

1400.00

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 10 OF 20 FOR LINE NUMBER

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)

D P N M

Receipt For:		Date (month, day, year)	Amount of Each Receipt this Period
<input type="checkbox"/> Other (specify): B. Full Name, Mailing Address and ZIP Code M. M. Check, Inc. 2430 Juan Tabo, NE Okla. City, NM 87112		Name of Employer Check Process Date (month, day, year) 5/5/98	Amount of Each Receipt this Period 1000 ⁰⁰
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code Santa Clara Pueblo Box 580 Laguna NM 87532		Name of Employer Indian Pueblo Date (month, day, year) 5/5/98	Amount of Each Receipt this Period 300 ⁰⁰
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code Pueblo of Laguna P.O. Box 194 606 Laguna, NM 87026		Name of Employer Date (month, day, year) 5/5/98	Amount of Each Receipt this Period 100 ⁰⁰
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code		Name of Employer Date (month, day, year)	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-to-Date > \$	

F. Full Name, Mailing Address and ZIP Code Carlos Dominguez 1836 Fallbrook Dr. Alt.		Name of Employer Date (month, day, year) 5/5/98	Amount of Each Receipt this Period 100 ⁰⁰
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code James Stuart 11321 Los Lagos Alt. 87114		Name of Employer Date (month, day, year) 5/5/98	Amount of Each Receipt this Period 500 ⁰⁰
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this for a number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 12 OF 20 FOR LINE NUMBER

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)

DPNM

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stuart Plumstone 1336 Corro Verde Santa Fe NM 87501		5/5/98	25 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sharon Figuero P.O. Box 11337 Albuquerque NM 87112		5/5/98	200 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Charles Davis 105 01 Laguna Blvd Alb. 87111	ret.	5/5/98	300 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 300 ⁰⁰	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
M. R. Hatcher P.O. Manual A.A. Alb. 87103	ret.	5/5/98	600 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 600 ⁰⁰	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Christopher 23 Sandia Heights Alb 87122		5/5/98	100 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dolph Barnhouse 1512 Red Rock Sallis NM 87351		5/5/98	100 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Fred Hanson Box 471 Alto 88312		5/5/98	200 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200 ⁰⁰	

SUBTOTAL of Receipts This Page (optional)

1525.00

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 20
FOR LINE NUMBER

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)

DPNM

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>James Sweeney 9407 Pebble Beach N.C. Apt. 87111</i>		<i>5/5/98</i>	<i>100⁰⁰</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Mike Anaya P.O. Box 466 Moravia NM 87035</i>	<i>Angelo's Friendly Store</i>	<i>5/5/98</i>	<i>400⁰⁰</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>owner</i>	Aggregate Year-to-Date > \$ <i>400⁰⁰</i>	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>David Walker 6767 Academy N.C. Apt. 87104</i>		<i>5/5/98</i>	<i>100⁰⁰</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Norman Casad 6900 Central S.E. Apt. NM 87108</i>		<i>5/5/98</i>	<i>200⁰⁰</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>200⁰⁰</i>	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Adeleide Blankenship 1600 Cliffside Dr. Apt. NM 87105</i>		<i>5/5/98</i>	<i>20⁰⁰</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Yogee Phujan P.O. Box 120 Santa Cruz NM 87507</i>		<i>5/5/98</i>	<i>100⁰⁰</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

Receipt For: Primary General
 Other (specify): Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)

920.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 13 OF 20
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

DPNM

Date (month, day, year) Amount of Each

Other (specify):		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code <i>Carol Clow</i> <i>337 County Rd.</i> <i>Blomington, TN 37413</i>			<i>5/7/98</i>	<i>100⁰⁰</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > <i>5</i>	
C. Full Name, Mailing Address and ZIP Code <i>Wesley Lutens Co</i> <i>Bruce</i> <i>Box 73</i> <i>King</i> <i>Stanley TN 37056</i>		<i>King Lutens</i>	<i>5/7/98</i>	<i>1000⁰⁰</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation <i>Lutens Distributor</i>	Aggregate Year-to-Date > <i>8</i> <i>1000⁰⁰</i>	
D. Full Name, Mailing Address and ZIP Code <i>John Massey</i> <i>921 Avenida Del Sol, N.C.</i> <i>Ch. 87110</i>			<i>5/12/98</i>	<i>20⁰⁰</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > <i>5</i>	
E. Full Name, Mailing Address and ZIP Code <i>Zibo Pedetti</i> <i>P.O. Box 413</i> <i>Belen TN 37602</i>			<i>5/12/98</i>	<i>20⁰⁰</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > <i>3</i>	
F. Full Name, Mailing Address and ZIP Code <i>Bruce Baumgart</i> <i>6405 Lumberton Bay Ct. NW</i> <i>Ch. 87120</i>			<i>5/12/98</i>	<i>40⁰⁰</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > <i>5</i>	
G. Full Name, Mailing Address and ZIP Code <i>Luis Harris</i> <i>575 Harvard S.E. #4</i> <i>Ch. 87106</i>			<i>5/12</i>	<i>20⁰⁰</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > <i>5</i>	

SUBTOTAL of Receipts This Page (optional)

1200⁰⁰

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 14 OF 27 FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

DPNM

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Julia White 1535 Stanford NE Alt. NM 87106		5/12/98	40 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code Joseph Haskley 295 S Park Lane Dr Bogue Farms, NM 87067		5/12	40 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code Frances Ray 6319, Loheta SW Alt. 87105		5/12	25 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code Al Adamsko 9432 San Rafael NE Alt. 87109		5/12	20 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code Richard Kennedy 1104 Chama NE Alt. 87110		5/12	20 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code Cindy Blom 453 Schels Rd. Tijeras, NM 87059		5/12/98	40 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code Peter Maso 2363 Botolph Santa Fe, NM 87505		5/12	22 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

207.00

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 15 OF 20
FOR LINE NUMBER

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)

DPNM

A. Full Name, Mailing Address and ZIP Code <i>Pattent Rabbin</i> <i>224 12th NW</i> <i>Alt. 87102</i>		Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) <i>5/12/98</i>	Amount of Each Receipt this Period <i>20⁰⁰</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):				
B. Full Name, Mailing Address and ZIP Code <i>Max Rabbin</i> <i>1136 Shushyass St.</i> <i>Menlo Park, CA 94028</i>		Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) <i>5/21</i>	Amount of Each Receipt this Period <i>10.09.</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):				
C. Full Name, Mailing Address and ZIP Code <i>Phillip Semi Contractors</i> <i>9201 San American Hwy.</i> <i>Alt. 87113</i>		Name of Employer <i>Semi conductor producers</i> Occupation Aggregate Year-to-Date > \$ <i>200.00</i>	Date (month, day, year) <i>5/08</i>	Amount of Each Receipt this Period <i>200⁰⁰</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):				

E. Full Name, Mailing Address and ZIP Code <i>Robert Maloy</i> <i>119 Industrial NE</i> <i>Alt. 87107</i>		Name of Employer <i>Self Empl.</i> <i>Owner The Bank</i> Occupation Aggregate Year-to-Date > \$	Date (month, day, year) <i>5/20</i>	Amount of Each Receipt this Period <i>1000⁰⁰</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):				
F. Full Name, Mailing Address and ZIP Code <i>Joe B. Maloy</i> <i>8487 N. Sendoro Trce. N.</i> <i>Paradise Valley, Ariz. 85253</i>		Name of Employer <i>Owner Joe Maloy</i> Occupation Aggregate Year-to-Date > \$	Date (month, day, year) <i>5/20</i>	Amount of Each Receipt this Period <i>1000⁰⁰</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):				
G. Full Name, Mailing Address and ZIP Code <i>Phillip Maloy</i> <i>119 Industrial NE</i> <i>3 Alt. 87107</i>		Name of Employer <i>Owner - Joe Maloy</i> Occupation Aggregate Year-to-Date > \$	Date (month, day, year) <i>5/20</i>	Amount of Each Receipt this Period <i>1000⁰⁰</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):				

SUBTOTAL of Receipts This Page (optional)

3,232.09

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)

DPNM

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<u>Ravin Maloy</u> <u>119 Industrial NE</u> <u>Alt. 87107</u>	<u>owner Joe H. Maloy</u> <u>Co.</u>	<u>5/20</u>	<u>1000⁰⁰</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
<u>Gregory Brown</u> <u>6404 St Annes. NE</u> <u>Alt 87111</u>	<u>CEO</u> <u>Joe H. Maloy & Co.</u>	<u>5/20</u>	<u>1000⁰⁰</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
<u>Linda Cotto</u> <u>1408 Welkaly NE</u> <u>Alt. 87106</u>	<u>Actl. Division</u> <u>U.N.M.</u>	<u>5/20</u>	<u>1000⁰⁰</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
<u>George Maloy, Jr.</u> <u>119 Industrial NE</u> <u>Alt. 87106</u>	<u>Owner</u> <u>Joe H. Maloy & Co.</u>	<u>5/20</u>	<u>1000⁰⁰</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
<u>Adrianne Maloy</u> <u>4317 Actura NE</u> <u>Alt. 87110</u>	<u>Owner</u> <u>Joe H. Maloy & Co.</u>	<u>5/20</u>	<u>1000⁰⁰</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

Other (specify):

Aggregate Year-to-Date > \$

Other (specify):

Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)

5000.00

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 17 OF 20
FOR LINE NUMBER

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NAME OF COMMITTEE (in full)
DPNM

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<u>Don McManis</u> <u>3117 La Mancha Dr. NW</u> <u>Alb. 97104</u>		<u>5/22</u>	<u>200</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<u>Beth LeMichael</u> <u>1587 Wellesley Ave.</u> <u>Alb. 97104</u>	<u>ret.</u>	<u>5/22</u>	<u>1000⁰⁰</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<u>Marcella Sanders</u> <u>821 California S.E.</u> <u>Alb. 97108</u>	<u>ret.</u>	<u>5/22</u>	<u>1000⁰⁰</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<u>Deane Huger</u> <u>8440 Garden Dr. NE</u> <u>Bainbridge Island WA. 98110</u>	<u>Self employed</u>	<u>5/22</u>	<u>1000⁰⁰</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<u>Thomas Huger</u> <u>8440 Garden Dr. NE</u> <u>Bainbridge Island, WA. 98110</u>	<u>Self employed</u>	<u>5/22</u>	<u>1000⁰⁰</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<u>Kay Bratbeck</u> <u>Box 602</u> <u>Santa Fe 87504</u>		<u>5/26</u>	<u>20⁰⁰</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<u>Mr. Welch</u> <u>addr. unknown</u>		<u>5/26</u>	<u>10⁰⁰</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) 4230.00

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 18 OF 20 FOR LINE NUMBER

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)

A. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Charles Moore 1903 S. Jones St 10 Las Vegas, Nev. 89102 <input checked="" type="checkbox"/> Primary	Real Estate	5/20/98	500.00
Niklas Mastrianglo 611 So 6th Las Vegas, Nev. 89101 <input checked="" type="checkbox"/> Primary	Attorney	5/20/98	1,000.00
Labele Wester P.O. Box 14787 Las Vegas, Nev. 89141 <input type="checkbox"/> Primary	Ford Distributor	5/20/98	500.00
Ann Perry 52 Charlow Circle Englewood, Co 80111 <input type="checkbox"/> Primary	Real Estate	5/20/98	500.00
N.M. Bev + Alcohol Wholesale 1007 Marquette N.W. Alb. N.M. 87102 <input type="checkbox"/> Primary	Wholesaler	5/21/98	20.00
Donna Key 1005 Hornway Ln. Alb., N.M. 87102 <input type="checkbox"/> Primary	Home maker	5/26/98	1,000.00
Chris Key 1005 Hornway Ln. Alb., N.M. 87102 <input type="checkbox"/> Primary	Attorney	5/26/98	1,000.00

SUBTOTAL of Receipts This Page (optional)

4520.00

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 **14** OF **20**
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

DAN M

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Don Mc Hinnou 3117 La Mancha Dr NW Apt. 8710 4</i>		<i>5/26</i>	<i>50^e</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
<i>ASD C I Darrow, for Democrats 430 S. Capitol SE Washington D.C. 20003</i>	<i>telemarketing - Demo Party</i>	<i>5/26</i>	<i>5000⁰⁰</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>15,000.00</i>	
<i>Jamie Koch 1453 Don Hooper Santo No, 87505</i>	<i>Ins. Agent</i>	<i>5/26</i>	<i>1000⁰⁰</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
<i>Marie Koch 1453, Don Hooper S.F. N.M. 87505</i>	<i>Retired</i>	<i>5/26</i>	<i>1000⁰⁰</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
<i>Steven Bunch 901 Sandia Rd. NW Apt. 87107</i>	<i>attorney</i>	<i>5/26</i>	<i>1000⁰⁰</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
<i>Joyanne Orr M.D. 901 Sandia Rd. NW Apt. 87107</i>	<i>M.D</i>	<i>5/26</i>	<i>1000⁰⁰</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
<i>Agnes Malaga 1112 Blitcher Rd SW Apt. 87125</i>	<i>Manager Archer's Lounge</i>	<i>5/26</i>	<i>1000⁰⁰</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) *10,050.00*

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 20 OF 20
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Democratic Party of New Mexico

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<u>W. John Brennan 1212 Las Lunas NE Albuquerque, NM 87106</u>	<u>District Court Judge</u>	<u>5/20/98</u>	<u>1,000.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Judge</u>	Aggregate Year-to-Date: <u>5</u>	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<u>Democratic Congressional Camp 430 S. Capitol St. Washington, DC 20003</u>	<u>Political Committee</u>	<u>6/11/98</u>	<u>4,100.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date: <u>5</u>	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<u>Same as B above</u>		<u>6/11/98</u>	<u>13,100.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date: <u>5</u>	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<u>Same as B above (Incorporation - Federal)</u>		<u>6/11/98</u>	<u>80,000.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date: <u>5</u>	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date: <u>5</u>	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date: <u>5</u>	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date: <u>5</u>	

SUBTOTAL of Receipts This Page (optional)

98,200.00

TOTAL This Period (last page this line number only)

1,605,553.50

TRANSFERS FROM
NON-FEDERAL ACCOUNTS

NAME OF COMMITTEE Democratic Party of New Mexico TOTAL AMOUNT TRANSFERRED

NAME OF ACCOUNT DPNM DATE OF RECEIPT 4/28/98
NON-Federal account \$ 800.00

	BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
i) Total Administrative/Voter Drive				
ii) Direct Fundraising (List Events-Amount for Each)				
a) <u>WILLISNO PIR</u>		<u>800.00</u>		
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Direct Fundraising				
iii) Exempt Activity/Direct Candidate Support (List Events-Amount for Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support				

NAME OF ACCOUNT DPNM DATE OF RECEIPT 5/6/98
NON-Federal account \$ 300.00

	BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
i) Total Administrative/Voter Drive				
ii) Direct Fundraising (List Events-Amount for Each)				
a) <u>WILLISNO PIR</u>		<u>300.00</u>		
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Direct Fundraising				
iii) Exempt Activity/Direct Candidate Support (List Events-Amount for Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support				

	TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
SUBTOTAL THIS PAGE				<u>11003.00</u>
TOTAL THIS PERIOD				

RECEIPT SCHEDULE H3
(effective 1/1/91)

TRANSFERS FROM
NON-FEDERAL ACCOUNTS

NAME OF COMMITTEE Democratic Party of New Mexico	TOTAL AMOUNT TRANSFERRED
--	--------------------------

NAME OF ACCOUNT DPNM NON-Federal account	DATE OF RECEIPT 5/11/98	TOTAL AMOUNT TRANSFERRED \$ 2000.00
--	-----------------------------------	---

	BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN/VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
i) Total Administrative/Voter Drive				
ii) Direct Fundraising (List Events-Amount for Each)				
a) Wellstone PR		2000.00		
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Direct Fundraising				
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support				

NAME OF ACCOUNT DPNM NON-Federal account	DATE OF RECEIPT 6/3/98	TOTAL AMOUNT TRANSFERRED \$ 1000.00
--	----------------------------------	---

	BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN/VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
i) Total Administrative/Voter Drive				
ii) Direct Fundraising (List Events-Amount for Each)				
a) Wellstone PR		1000.00		
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Direct Fundraising				
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support				

	TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN/VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
SUBTOTAL THIS PAGE				7000.00
TOTAL THIS PERIOD				14000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 7 OF 10
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jill Estes 4001 Palo Duro NE Abq. NM 87110	Postage reimburse Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-2-98	33. ⁷³
B. Full Name, Mailing Address and ZIP Code USPO 1000 Broadway NW Abq. NM 87110	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-2-98	96. ⁰⁰
C. Full Name, Mailing Address and ZIP Code Western Elite Security 5112 Bridges Ave NW Abq. NM 87120	event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-2-98	545. ⁶⁷
D. Full Name, Mailing Address and ZIP Code Office Max 3301 Menaul NE Abq. NM 87107	supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-6-98	105. ⁰⁶
E. Full Name, Mailing Address and ZIP Code Flamingo Travel 4161 16th St Salt Lake City U.	Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-2-98	300. ⁰⁰
F. Full Name, Mailing Address and ZIP Code USPO 2505 Grassland NE Abq. NM 87110	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-2-98	96. ⁰⁰
G. Full Name, Mailing Address and ZIP Code Carmen Leumbach 839 Priestley Pl. Corrales, NM 87048	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-6-98	530. ⁹⁹
H. Full Name, Mailing Address and ZIP Code Nations Bank 5314 Menaul NE Abq. NM 87110	Cashier Check Catering/event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-1-98	8,000. ⁰⁰
I. Full Name, Mailing Address and ZIP Code Nations Bank 5314 Menaul NE Abq. NM	taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-1-98	1,500. ⁰⁰

SUBTOTAL of Disbursements This Page (optional)

11,207.45

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 1 OF 10
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

Democratic Party of New Mexico

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Elizabeth Martin 7804 Bellamah Abq. NM 87110	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-6-98	549.19
B. Full Name, Mailing Address and ZIP Code Dem. Party of N.M. 5317 Menaul Blvd NE Abq NM 87110	Purpose of Disbursement Petty cash Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-9-98	50.00
C. Full Name, Mailing Address and ZIP Code Christine Sanchez 7647 Prairie Rd. NE Abq NM 87109	Purpose of Disbursement wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-8-98	200.00
D. Full Name, Mailing Address and ZIP Code Dwights Glass 4602 Lomas NE Abq NM 87110	Purpose of Disbursement office Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-14-98	10.00
E. Full Name, Mailing Address and ZIP Code US West PO Box 29060 Phx Arizona 85038	Purpose of Disbursement office telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-14-98	350.00
F. Full Name, Mailing Address and ZIP Code Spot Buyers 4704 Glenwood Hill Abq. NM 87111	Purpose of Disbursement advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-14-98	250.00
G. Full Name, Mailing Address and ZIP Code Carmen Kaumbach 039 Priestly Plc Corrales NM 87048	Purpose of Disbursement Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-16-98	530.99
H. Full Name, Mailing Address and ZIP Code Jessie Waddles 11912 Leah Ct NE Abq. NM 87112	Purpose of Disbursement Janitorial/maint. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-6-98	60.00
I. Full Name, Mailing Address and ZIP Code Parts Plus 1005 2nd NW Abq NM 87102	Purpose of Disbursement Computer parts Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-9-98	132.00

SUBTOTAL of Disbursements This Page (optional)

2,132.18

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 8 OF 10
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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dem Party of NM 5317 Menaul NE Abq NM	Petty Cash Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-14-98	50. ⁰⁰
Kinkos 2400 Louisiana Abq NM 87104	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-14-98	1400. ⁰⁰
Carmen Keumbach 039 Priestly Plc Corrales, NM 87048	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-22-98	530. ⁹⁹
Nations Bank-Cash 5305 Menaul NE. Abq. 87110	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-29-98	50. ⁰⁰
Rio Grande High School 2300 Arenal SW Abq. NM 87105	Convention Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-22-98	50. ⁰⁰
Rio Grande High School same as above	Convention Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-25-98	100. ⁰⁰
Alice Hoppes 2113 Pinehurst Abq NM 87110	re-imbursment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-22	100. ⁰⁰
Elizabeth Martin 7901 Bellamah NE Abq. NM 87110	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-22-98	549. ¹⁷
Judy Lilley 302 Cerro de Ortega Rio Rancho NM 87124	re-imbursment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-22-98	50. ⁰⁰

SUBTOTAL of Disbursements This Page (optional)

2,880.16

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 9 OF 10
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NAME OF COMMITTEE (in full)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U. D. West P.O. Box 29060 Phoenix, AZ 85038	Telephones Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/5/98	350.00
B. Full Name, Mailing Address and ZIP Code Universal Printing 1224 Bellamah Alb., N.M. 87104	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/5/98	300.00
C. Full Name, Mailing Address and ZIP Code Carmen Lambach 039 Preilly Pl Corrales N.M.	Salaries Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/5/98	530.99
D. Full Name, Mailing Address and ZIP Code Elizabeth Martini 7904 Bellamah N.E. Alb., N.M. 87110	Salaries Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/5/98	540.17
E. Full Name, Mailing Address and ZIP Code Alice Hoppe 13113 Pinehurst N.E. Alb., N.M. 87110	Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/5/98	100.00
F. Full Name, Mailing Address and ZIP Code U.S. Postal Service 2505 Maceland N.E. Alb., N.M. 87110	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/5/98	96.00
G. Full Name, Mailing Address and ZIP Code Judy Taylor 3021 Serro de Oza Rd Rio Rancho, N.M. 87124	Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/5/98	45.82
H. Full Name, Mailing Address and ZIP Code Jessie Waddles 11913 Lesh Ct. N.E. Alb., N.M. 87112	Maint Air Condition Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/5/98	65.00
I. Full Name, Mailing Address and ZIP Code Universal Printing 201 San Pedro Alb., N.M. 87108	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/5/98	1300.00

SUBTOTAL of Disbursements This Page (optional) 3327.99

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use 5608/825 schedule(s) for each category of the Detailed Summary Page

PAGE 3 OF 10
FOR LINE NUMBER

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)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mita P.O. Box 3083 Cedar Rapids, IA 52406	Copier Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/5/98	44.97
Elizabeth Martin 7704 Bellamah NE. Alb., N.M. 87110	Salaries Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/15/98	250.00
Alvie Harper 13113 Birchhurst NE. Alb., N.M. 87111	Salaries Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/15/98	250.00
Carmen Lambach 039 Arealley Pl. Corrales, N.M. 87048	Salaries Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/15/98	250.00
David Koybal 3299 Avenida San Martin Alento Jr. N.M. 88001	Media Consultant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/15/98	1350.00
Desert Automations System 1410 Canyon Hills Alb. N.M. 87111	Computer Work Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/11/98	1835.29
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

3977.26

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 10
FOR LINE NUMBER

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)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
U.N.M. Student Union U.N.M. So. Golf Course Alt. N.M. 87105	Catering	5/11/98	842.13
B. Full Name, Mailing Address and ZIP Code Daskalos 5317 Menaul N.E. Alb., N.M. 87110	Purpose of Disbursement Rent and Property Exp Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/21/98	2037.19
C. Full Name, Mailing Address and ZIP Code Sheraton Uptown 2600 Louisiana N.E. Alb., N.M. 87110	Purpose of Disbursement Catering Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/24/98	35.00
D. Full Name, Mailing Address and ZIP Code Mikens 2704 Dallas Alb., N.M. 87110	Purpose of Disbursement Patented Items Pens Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/24/98	150.00
E. Full Name, Mailing Address and ZIP Code Federal Express P.O. Box Memphis TN 35101	Purpose of Disbursement Express Mail Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/24/98	165.49
F. Full Name, Mailing Address and ZIP Code Elizabeth Martin 7954 Bellonah N.E. Alb., N.M. 87110	Purpose of Disbursement Salaries Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/24/98	549.17
G. Full Name, Mailing Address and ZIP Code U.S. West P.O. Box 29060 Phoenix, AZ 85038	Purpose of Disbursement Telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/24/98	3007.23
H. Full Name, Mailing Address and ZIP Code Federal Express P.O. Box 101 Memphis, TN 35101	Purpose of Disbursement Express mail Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/24/98	80.97
I. Full Name, Mailing Address and ZIP Code Carmen Janboch 039 Beatty Corrales N.M. 85038	Purpose of Disbursement Salaries Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/24/98	530.99
SUBTOTAL of Disbursements This Page (optional)			9,398.17
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

Any information covered 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)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MITA Copiers PO Box 676013 Dallas, Tx 75262-6013	off. equipment Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-14-98	223.99
B. Full Name, Mailing Address and ZIP Code Elizabeth Martin 7908 Bellamah Abq NM 87110	re-impurse Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-14-98	20.00
C. Full Name, Mailing Address and ZIP Code Elizabeth Martin same as above	re-impurse Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-14-98	68.72
D. Full Name, Mailing Address and ZIP Code AT&T PO Box 78599 Phoenix, AZ.	Business phones Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-14-98	50.00
E. Full Name, Mailing Address and ZIP Code Elizabeth Martin 7908 Bellamah NE Abq NM 87110	Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-1-98	562.00
F. Full Name, Mailing Address and ZIP Code Nations Bank 5400 Montgomery NE Abq NM 87110	taxes Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-8-98	1500.00
G. Full Name, Mailing Address and ZIP Code Air Touch PO Box 173796 Denver Co. 80219	cel phone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-2-98	433.83
H. Full Name, Mailing Address and ZIP Code Office Max 3301 Menaul NE Abq. NM - 87110	off. supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-12-98	250.00
I. Full Name, Mailing Address and ZIP Code Southwest Silver 3245 Lomas Blvd NE Abq, NM 87122	PINS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-15-98	79.36

SUBTOTAL of Disbursements This Page (optional) 3187.60

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 10 OF 10 FOR LINE NUMBER

Any information copied from such Records 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*

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>First Security Bank E. Central ABQ 8110</i>	<i>Bank charge</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>6/2/98</i>	<i>110.90</i>
B. 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
C. 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
D. 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
E. 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
F. 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
G. 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
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)

TOTAL This Period (last page (this line number only)

110.90
34,221.70

NAME OF COMMITTEE

Democratic Party of New Mexico

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Greer, Margolis, Mitchell, Lunin Assoc - Inc 1010 Wisconsin Ave NW Washington, DC 20002	Advertising	6/26/85	93,100. ⁰⁰	13,034.00	80,066.00
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			93,100.00	13,034.00	80,066.00
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a) and non-Fed. share to 21 b)			93,100.00	13,034.00	80,066.00
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

Fundraiser - Wellstone

NAME OF COMMITTEE

Democratic Party of New Mexico

A. FULL NAME, MAILING ADDRESS & ZIP CODE Nations Bank (overhead) to bank of 5305 Menard Albuquerque, NM 8710	PURPOSE/EVENT Fundraiser	DATE October	TOTAL AMOUNT 1501.13	FEDERAL SHARE 210.40	NON-FEDERAL SHARE 1290.97
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT					

B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT					

C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT					

D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT					

E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT					

F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT					

SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE	1501.13	210.40	1290.97
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TOTAL THIS PERIOD (last page for each line only) (Fed. share to 21 a i and non-Fed. share to 21 a ii)			
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TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)	
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SCHEDULE F

ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENTS(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))

Page 1 of 1 for
LINE NUMBER

(To be used only by Political Committees in the General Election)

Name of Political Committee (in Full) Democratic Party of New Mexico				
Has your Committee been designated to make coordinated expenditures by a political party committee? If YES, name the designating committee: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
Full Name, Mailing Address and ZIP Code of Subordinate Committee Democratic Party of New Mexico 5217 Maraud NE Albuquerque, NM 87110				
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
Ad Mark 909 Virginia NE # 212 Albuquerque, NM 87108	Phillip Madoff Congress, District 1	Advertising	5/22/92	9,000.00
Aggregate General Election Expenditure for this Candidate—\$ 9,000.00				
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
Ad Mark 909 Virginia NE # 212 Albuquerque, NM 87108	Phillip Madoff Congress, District 1	Advertising	5/22/92	10,986.92
Aggregate General Election Expenditure for this Candidate—\$ 19,986.92				
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
Aggregate General Election Expenditure for this Candidate—\$				
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
Aggregate General Election Expenditure for this Candidate—\$				
SUBTOTAL of Expenditures This Page (optional)				19,986.92
TOTAL This Period (last page this line number only)				19,986.92

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 6-9-98
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>JMU</i> PREPARER	 <i>6-11-98</i> DATE PREPARED