

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

NAME OF COMMITTEE (In Full) EMILY's List	FEC IDENTIFICATION NUMBER <b>C</b> C00193433
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Mission Control Inc

Mailing Address  
201 Adams Street

City State Zip Code  
Manchester CT 06042

Purpose of Expenditure Category/Type  
Mailing Services

Name of Federal Candidate supported or Opposed by expenditure:  
Peter Roskam

Calendar Year-To-Date Per Election for Office Sought **252259.84**

Date  
M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

Amount  
**2399.56**

Transaction ID: SE24-97753  
Office Sought:  House State: IL  
 Senate District: 6  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General 2006  
 Other (specify) : \_\_\_\_\_

Full Name (Last, First, Middle, Initial) of Payee  
Compass Media Group, Inc.

Mailing Address  
1415 North Dayton, Suite 311

City State Zip Code  
Chicago IL 60622

Purpose of Expenditure Category/Type  
Postage

Name of Federal Candidate supported or Opposed by expenditure:  
Jo Mary Kilory

Calendar Year-To-Date Per Election for Office Sought **321195.02**

Date  
M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

Amount  
**2680.70**

Transaction ID: SE24-105133  
Office Sought:  House State: OH  
 Senate District: 15  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General 2006  
 Other (specify) : \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>5080.26</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<b>0.00</b>
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caroline C Fines  
Signature

Date M M / D D / Y Y Y Y  
1 2 / 0 6 / 2 0 0 6