

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 150 / 3192  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Marion F Levy

Mailing Address 333 E. 68th Street, # 9A

City New York	State NY	Zip Code 10065
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 1 0

**Transaction ID:** 2663079

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Hildegard Lewis

Mailing Address 2271 Virginia Street

City Berkeley	State CA	Zip Code 94709
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 1 0

**Transaction ID:** 2670748

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Howard W. Lewis

Mailing Address 121 Grove Drive

City Portola Valley	State CA	Zip Code 94028
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  

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

**Transaction ID:** 2673221

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	