

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 255 OF 1249
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

**A. Mrs. Jane K. Norris**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4021 Sunnybrook Drive  
 City Nashville State TN Zip Code 37205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer REQUESTED Occupation Requested  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt  
 03 / 30 / 2015  
**Transaction ID : 4295983**  
 Amount of Each Receipt this Period  
**200.00**

**B. Frances Nyce**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 121 Smith Avenue  
 City Westminster State MD Zip Code 21157  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer None Occupation Retired  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **564.00**

Date of Receipt  
 03 / 17 / 2015  
**Transaction ID : 4287789**  
 Amount of Each Receipt this Period  
**282.00**

**C. Ms. Barbara Nylund , Ph.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 756  
 City Las Vegas State NM Zip Code 87701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **260.00**

Date of Receipt  
 03 / 19 / 2015  
**Transaction ID : 4289365**  
 Amount of Each Receipt this Period  
**35.00**

**SUBTOTAL** of Receipts This Page (optional)..... **517.00**  
**TOTAL** This Period (last page this line number only).....