

EMILY's List

1120 Connecticut Avenue NW

Ste 1100

Washington

DC

20036

FEC ID No. C00193433

☒ 24-Hour Notice ☐ 48-Hour Notice

## SCHEDULE E (FEC Form 3X)

## ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) EMILY's List		FEC IDENTIFICATION NUMBER <b>C</b> C00193433	
Check if <input checked="" type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Compass Media Group, Inc.		Date M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6	
Mailing Address 1415 North Dayton, Suite 311		Amount 357.00	
City Chicago	State IL	Zip Code 60622	Office Sought: <input checked="" type="checkbox"/> House State: TN <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential
Purpose of Expenditure Postage	Category/ Type	004	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate supported or Opposed by expenditure: Nikki Tinker			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____
Calendar Year-To-Date Per Election for Office Sought			Transaction ID: SE24-86282
Full Name (Last, First, Middle, Initial) of Payee Compass Media Group, Inc.			Date M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address 1415 North Dayton, Suite 311			Amount 6783.00
City Chicago	State IL	Zip Code 60622	Office Sought: <input checked="" type="checkbox"/> House State: TN <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential
Purpose of Expenditure Postage	Category/ Type	004	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate supported or Opposed by expenditure: Stephen Cohen			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____
Calendar Year-To-Date Per Election for Office Sought			Transaction ID: SE24-86283

(a) SUBTOTAL of Itemized Independent Expenditures .....	7140.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	0.00
(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 Fines Signature	M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6

## 24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :

FEC ID No.

☐ 24-Hour Notice ☐ 48-Hour NoticeSCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURESPAGE OF 2 / 2  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) EMILY's List		FEC IDENTIFICATION NUMBER <b>C</b> C00193433	
Check if <input checked="" type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Compass Media Group, Inc.		Date M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6	
Mailing Address 1415 North Dayton, Suite 311		Amount 650.12	
City Chicago	State IL	Zip Code 60622	Office Sought: <input checked="" type="checkbox"/> House State: TN <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential
Purpose of Expenditure Printing	Category/ Type	004	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate supported or Opposed by expenditure: Nikki Tinker			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____
Calendar Year-To-Date Per Election for Office Sought			Transaction ID: SE24-86284
Full Name (Last, First, Middle, Initial) of Payee Compass Media Group, Inc.			Date M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address 1415 North Dayton, Suite 311			Amount 12352.38
City Chicago	State IL	Zip Code 60622	Office Sought: <input checked="" type="checkbox"/> House State: TN <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential
Purpose of Expenditure Printing	Category/ Type	004	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate supported or Opposed by expenditure: Stephen Cohen			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____
Calendar Year-To-Date Per Election for Office Sought			Transaction ID: SE24-86285

(a) SUBTOTAL of Itemized Independent Expenditures .....	13002.50
(b) SUBTOTAL of Unitemized Independent Expenditures .....	0.00
(c) TOTAL Independent Expenditures .....	20142.50
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 Fines Signature	M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6