

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

EMILY's List

ADDRESS (number and street) 1120 Connecticut Avenue NW Ste 1100 Washington DC 20036

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00193433

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)
  - Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)
  - Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:  Primary (12P)  General (12G)  Runoff (12R)  Convention (12C)  Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:  General (30G)  Runoff (30R)  Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 04 01 2013 through 04 30 2013

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 Ms. Caroline Fines

Signature of Treasurer Ms. Caroline Fines [Electronically Filed] Date 05 20 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**EMILY's List**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		3155672.60
(b) Cash on Hand at Beginning of Reporting Period.....	3877251.36	
(c) Total Receipts (from Line 19) .....	951194.85	5655881.84
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	4828446.21	8811554.44
7. Total Disbursements (from Line 31).....	1716893.18	5700001.41
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	3111553.03	3111553.03
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**EMILY's List**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	329392.15	1891794.22
(ii) Unitemized .....	575928.85	2831031.56
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	905321.00	4722825.78
(b) Political Party Committees .....	0.00	2500.00
(c) Other Political Committees (such as PACs).....	0.00	28000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	905321.00	4753325.78
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	45784.73	170917.40
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	89.12	505.20
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	731133.46
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	731133.46
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	951194.85	5655881.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	951194.85	4924748.38

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	22991.03	268294.09
(ii) Non-Federal Share.....	22991.21	268294.64
(b) Other Federal Operating Expenditures .....	1346920.17	4739211.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1392902.41	5275800.01
22. Transfers to Affiliated/Other Party Committees.....	300000.00	300000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5268.00	42350.63
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	2522.77	24190.77
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	2522.77	24190.77
29. Other Disbursements .....	16200.00	57660.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1716893.18	5700001.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1693901.97	5431706.77

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	905321.00	4753325.78
34. Total Contribution Refunds (from Line 28(d)) .....	2522.77	24190.77
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	902798.23	4729135.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1369911.20	5007505.37
37. Offsets to Operating Expenditures (from Line 15, page 3).....	45784.73	170917.40
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1324126.47	4836587.97

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN  
Transaction ID :

All expenditures on Schedule B, Lines 21(a) and 21(b) are to support Committee activities and are not made on behalf of specifically identified candidates. Also, all expenditures on Schedule B, Lines 21(a) and 21(b) are to support Committee activities and are not for public communication and voter drive activity containing express advocacy.

Form/Schedule:  
Transaction ID:

**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 7 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Ms. Beverly K. Abbott</b>		Date of Receipt MM / DD / YYYY 04 / 12 / 2013 <b>Transaction ID : 3621564</b>
Mailing Address 13000 Skyline Blvd.		Amount of Each Receipt this Period 1000.00
City Woodside	State CA	Zip Code 94062
FEC ID number of contributing federal political committee. C		
Name of Employer self	Occupation mental health consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. Dee Abrahamse</b>		Date of Receipt MM / DD / YYYY 04 / 27 / 2013 <b>Transaction ID : 3632045</b>
Mailing Address 7085 Aivlis Street		Amount of Each Receipt this Period 100.00
City Long Beach	State CA	Zip Code 90815
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Frederick Adair</b>		Date of Receipt MM / DD / YYYY 04 / 05 / 2013 <b>Transaction ID : 3617491</b>
Mailing Address 2039 East Bay Drive NE		Amount of Each Receipt this Period 100.00
City Olympia	State WA	Zip Code 98506
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 8 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Mr. Frederick Adair**  
Full Name (Last, First, Middle Initial)

Mailing Address 2039 East Bay Drive NE

City Olympia State WA Zip Code 98506

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 ▼ 1050.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2013

**Transaction ID : 3620087**

Amount of Each Receipt this Period  
 120.00

**B. Ms. Nancy A. Adams**  
Full Name (Last, First, Middle Initial)

Mailing Address 14518 Shaker Blvd

City Shaker Heights State OH Zip Code 44120

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 18 / 2013

**Transaction ID : 3625532**

Amount of Each Receipt this Period  
 250.00

**C. Mr. Wilton J. Aebersold**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1244

City New Albany State IN Zip Code 47151

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation mail order

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 24 / 2013

**Transaction ID : 3630043**

Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 670.00

**TOTAL** This Period (last page this line number only)..... ▶



**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 9 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Ms. Karen Agnew</b>		Date of Receipt
Mailing Address 40 Morton Road		M M M / D D D / Y Y Y Y Y Y 04 / 19 / 2013
City Newton	State MA	Zip Code 02459
FEC ID number of contributing federal political committee. C		<b>Transaction ID : 3626454</b>
Name of Employer Granahan Investment Mgmt		Amount of Each Receipt this Period
Occupation Marketing		85.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		340.00

Full Name (Last, First, Middle Initial) <b>B. Ms. Laura J. Agnew</b>		Date of Receipt
Mailing Address 1607 Kerr Ave.		M M M / D D D / Y Y Y Y Y Y 04 / 19 / 2013
City Austin	State TX	Zip Code 78704
FEC ID number of contributing federal political committee. C		<b>Transaction ID : 3626109</b>
Name of Employer REQUESTED		Amount of Each Receipt this Period
Occupation REQUESTED		75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		225.00

Full Name (Last, First, Middle Initial) <b>C. Ms. Deirdre F. Aherne</b>		Date of Receipt
Mailing Address 231 West 120th Street B'Mnt Apt.		M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2013
City New York	State NY	Zip Code 10027
FEC ID number of contributing federal political committee. C		<b>Transaction ID : 3633003</b>
Name of Employer CUNY / Hostos CC		Amount of Each Receipt this Period
Occupation Educator		25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		289.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	185.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 10 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Ms. Janet H. Allen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 620 Sugarberry Rd.  
City Chapel Hill State NC Zip Code 27514  
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 ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 05 / 2013  
**Transaction ID : 3618155**  
Amount of Each Receipt this Period  
100.00

**B. Ms. Mona Alonzo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 19355 Gallant Fox Ln  
City Northville State MI Zip Code 48167  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Guardian Industries Occupation Engineer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 02 / 2013  
**Transaction ID : 3616252**  
Amount of Each Receipt this Period  
250.00

**C. Jill Alper**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1001 G Street  
City Washington Dc State DC Zip Code 48230  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DSG Occupation consultant  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 22 / 2013  
**Transaction ID : 3628328**  
Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 11 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Ms. Effie Ambler**  
Full Name (Last, First, Middle Initial)  
Mailing Address 883 Lakepointe St  
City Grosse Pointe Park State MI Zip Code 48230  
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 ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 23 / 2013  
**Transaction ID : 3628430**  
Amount of Each Receipt this Period  
100.00

**B. Ms. Sarah Ames**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10 High Street  
City Camden State ME Zip Code 04843  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 23 / 2013  
**Transaction ID : 3629151**  
Amount of Each Receipt this Period  
250.00

**c. Dr. Kathryn M. Anastos , M.D.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 41 Lewis Parkway  
City Yonkers State NY Zip Code 10705  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Montefiore Medical Center Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 25 / 2013  
**Transaction ID : 3632225**  
Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 12 OF 1350
	<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**

Full Name (Last, First, Middle Initial) <b>A. Mr. Clifford Anderson</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 16 / 2013 <b>Transaction ID : 3623464</b>
Mailing Address 1408 La Sierra Dr.		Amount of Each Receipt this Period 100.00
City Sacramento	State CA	Zip Code 95864
FEC ID number of contributing federal political committee. C		
Name of Employer CSU, Sacraments	Occupation TEACHER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Stuart H. Anderson</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 19 / 2013 <b>Transaction ID : 3626357</b>
Mailing Address 2400 S Finley Rd Apt 331		Amount of Each Receipt this Period 300.00
City Lombard	State IL	Zip Code 60148
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Barbara Anderson</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 03 / 2013 <b>Transaction ID : 3616367</b>
Mailing Address 328 Hillside Ave.		Amount of Each Receipt this Period 300.00
City Piedmont	State CA	Zip Code 94611
FEC ID number of contributing federal political committee. C		
Name of Employer Requested	Occupation Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 13 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Ms. Pauline Andrews</b>		Date of Receipt MM / DD / YYYY 04 / 27 / 2013 <b>Transaction ID : 3630943</b>
Mailing Address P.O. Box 5487		Amount of Each Receipt this Period 100.00
City Santa Monica	State CA	Zip Code 90409
FEC ID number of contributing federal political committee. C		
Name of Employer Peoples self-employed	Occupation Asset manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1450.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Alix Ankele</b>		Date of Receipt MM / DD / YYYY 04 / 29 / 2013 <b>Transaction ID : 3633499</b>
Mailing Address 552 Riverside DR Apt 6a		Amount of Each Receipt this Period 273.00
City New York	State NY	Zip Code 10027
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Artist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 273.00	

Full Name (Last, First, Middle Initial) <b>C. Mrs. Janet K. Archer</b>		Date of Receipt MM / DD / YYYY 04 / 03 / 2013 <b>Transaction ID : 3616547</b>
Mailing Address 6153 North Mattox Road		Amount of Each Receipt this Period 50.00
City Kansas City	State MO	Zip Code 64151
FEC ID number of contributing federal political committee. C		
Name of Employer self employed	Occupation owner-operator energy business	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	423.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 14 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Isami Arifuku**  
Full Name (Last, First, Middle Initial)

Mailing Address 2929 Von Doolen Ct.

City Pinole	State CA	Zip Code 94564
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NCCD	Occupation researcher
--------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	09	/	2013

**Transaction ID : 3618899**

Amount of Each Receipt this Period  
100.00

**B. Ms. Deborah Armstrong**  
Full Name (Last, First, Middle Initial)

Mailing Address 2015 Dietz Pl, NW

City Albuquerque	State NM	Zip Code 87107
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Delta Consulting Group	Occupation Consultant/CEO
--	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	16	/	2013

**Transaction ID : 3624491**

Amount of Each Receipt this Period  
50.00

**c. Ms. Deborah Armstrong**  
Full Name (Last, First, Middle Initial)

Mailing Address 2015 Dietz Pl, NW

City Albuquerque	State NM	Zip Code 87107
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Delta Consulting Group	Occupation Consultant/CEO
--	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : 3632741**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 15 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Sheila Ary</b>		Date of Receipt
Mailing Address 526 Russell Road		<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2013"/>
City DeKalb	State IL	Zip Code 60115
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 3620550</b>
Name of Employer None		Amount of Each Receipt this Period
Occupation Retired		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="460.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Ms. Sheila Ary</b>		Date of Receipt
Mailing Address 526 Russell Road		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City DeKalb	State IL	Zip Code 60115
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 3629851</b>
Name of Employer None		Amount of Each Receipt this Period
Occupation Retired		<input type="text" value="40.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="460.00"/>		

Full Name (Last, First, Middle Initial) <b>C. Debra Ashton</b>		Date of Receipt
Mailing Address 132 Verplanck Avenue		<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2013"/>
City Beacon	State NY	Zip Code 12508
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 3619779</b>
Name of Employer None		Amount of Each Receipt this Period
Occupation Retired		<input type="text" value="200.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="400.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="290.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 16 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Debra Ashton</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 22 / 2013 <b>Transaction ID : 3627844</b>
Mailing Address 132 Verplanck Avenue		Amount of Each Receipt this Period 200.00
City Beacon	State NY	Zip Code 12508
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Toni Atkins</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 18 / 2013 <b>Transaction ID : 3624472</b>
Mailing Address 2954 Date Street		Amount of Each Receipt this Period 1000.00
City San Diego	State CA	Zip Code 92104
FEC ID number of contributing federal political committee. C		
Name of Employer State of California	Occupation Assemblymember	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Marta K. Bach</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 08 / 2013 <b>Transaction ID : 3617355</b>
Mailing Address 11 High Street		Amount of Each Receipt this Period 1500.00
City Marblehead	State MA	Zip Code 01945
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 17 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Dr. Sue Bailey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7405 Arlington Rd., Apt. 301

City Bethesda	State MD	Zip Code 20814
------------------	-------------	-------------------

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	02	/	2013

**Transaction ID : 3616057**

Amount of Each Receipt this Period  
100.00

**B. Dr. Sue Bailey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7405 Arlington Rd., Apt. 301

City Bethesda	State MD	Zip Code 20814
------------------	-------------	-------------------

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2013

**Transaction ID : 3630372**

Amount of Each Receipt this Period  
125.00

**C. Mr. Cedric Bainton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Ventura Ave

City San Francisco	State CA	Zip Code 94116
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FEC ID number of contributing federal political committee. **C**

Name of Employer retired	Occupation retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	16	/	2013

**Transaction ID : 3625453**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	325.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 18 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Priscilla Baker**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4161 Arcadia Way  
City Oceanside State CA Zip Code 92056  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
None RETIRED  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 15 / 2013  
**Transaction ID : 3623299**  
Amount of Each Receipt this Period  
1000.00

**B. Ms. Deanna M. Baker**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4369 Altamirano Way  
City San Diego State CA Zip Code 92103  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
puente consulting lawyer  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 16 / 2013  
**Transaction ID : 3621865**  
Amount of Each Receipt this Period  
250.00

**C. Mr. Lawrence C. Baldwin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13708 Leland Rd.  
City Centreville State VA Zip Code 20120  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
None Retired  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 21 / 2013  
**Transaction ID : 3628376**  
Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 19 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Mr. Lawrence C. Baldwin**  
Full Name (Last, First, Middle Initial)

Mailing Address 13708 Leland Rd.

City Centreville	State VA	Zip Code 20120
---------------------	-------------	-------------------

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 ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	29	/	2013

**Transaction ID : 3632039**

Amount of Each Receipt this Period  
30.00

**B. Ms. Helen Baldwin**  
Full Name (Last, First, Middle Initial)

Mailing Address 160 Kendal Dr.

City Oberlin	State OH	Zip Code 44074
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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 ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	19	/	2013

**Transaction ID : 3625961**

Amount of Each Receipt this Period  
150.00

**C. Ms. Jean Hinshaw Balgrosky Hinshaw**  
Full Name (Last, First, Middle Initial)

Mailing Address 400 West Ocean View Ave

City Del Mar	State CA	Zip Code 92014
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer UCLA	Occupation Lecturer
--------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
265.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	07	/	2013

**Transaction ID : 3618058**

Amount of Each Receipt this Period  
10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	190.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 20 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Ms. Jean Hinshaw Balgrosky Hinshaw**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 400 West Ocean View Ave  
 City State Zip Code  
 Del Mar CA 92014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 UCLA Lecturer  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 265.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3632782**  
 Amount of Each Receipt this Period  
 25.00

**B. Juliana Bancroft**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 523 Dalehurst Avenue  
 City State Zip Code  
 Los Angeles CA 90024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Paisley Lane, Inc Self Employed  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2013  
**Transaction ID : 3618916**  
 Amount of Each Receipt this Period  
 150.00

**C. Mrs. June M. Barnebey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4612 Penbrook Ct.  
 City State Zip Code  
 Plano TX 75024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Requested Requested  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2013  
**Transaction ID : 3615253**  
 Amount of Each Receipt this Period  
 125.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 21 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. John D. Barnes</b>		Date of Receipt MM / DD / YYYY 04 / 10 / 2013 <b>Transaction ID : 3620051</b>
Mailing Address 7710 Chatham Rd		Amount of Each Receipt this Period 1000.00
City Chevy Chase	State MD	Zip Code 20815
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Nolen Barrett</b>		Date of Receipt MM / DD / YYYY 04 / 23 / 2013 <b>Transaction ID : 3629127</b>
Mailing Address 346 29th Avenue		Amount of Each Receipt this Period 100.00
City San Francisco	State CA	Zip Code 94121
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation Not employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Barbara B Barry</b>		Date of Receipt MM / DD / YYYY 04 / 24 / 2013 <b>Transaction ID : 3629583</b>
Mailing Address POB 412		Amount of Each Receipt this Period 100.00
City Taftsville	State VT	Zip Code 05073
FEC ID number of contributing federal political committee. C		
Name of Employer self	Occupation Innkeeper	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 22 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Donna Bahry Bartlett**  
Full Name (Last, First, Middle Initial)  
Mailing Address 628 Fairway Road  
City State Zip Code  
State College PA 16803  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Penn State University PROFESSOR  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 23 / 2013  
**Transaction ID : 3628431**  
Amount of Each Receipt this Period  
200.00

**B. Gwen Bassick**  
Full Name (Last, First, Middle Initial)  
Mailing Address 25352 Ash St  
City State Zip Code  
Brooksville FL 34601  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
None Retired  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 08 / 2013  
**Transaction ID : 3618137**  
Amount of Each Receipt this Period  
30.00

**C. Gwen Bassick**  
Full Name (Last, First, Middle Initial)  
Mailing Address 25352 Ash St  
City State Zip Code  
Brooksville FL 34601  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
None Retired  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 23 / 2013  
**Transaction ID : 3629643**  
Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	255.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 23 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Margaret Batko</b>		Date of Receipt
Mailing Address 1107 N. Chambliss Street		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>
City Alexandria	State VA	Zip Code 22312
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 3625440</b>
Name of Employer USDA		Amount of Each Receipt this Period
Occupation federal government program analyst		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Ms. Linda F. Bauer</b>		Date of Receipt
Mailing Address 39 whitman ct		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City Irvine	State CA	Zip Code 92617
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 3622840</b>
Name of Employer University of California, Irvine		Amount of Each Receipt this Period
Occupation Retired		<input type="text" value="300.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Ms. Lois Baum</b>		Date of Receipt
Mailing Address 3750 N. Lake Shore Drive		<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City Chicago	State IL	Zip Code 60613
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 3615653</b>
Name of Employer WFMT Radio		Amount of Each Receipt this Period
Occupation RETIRED		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="400.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="400.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 24 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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)  
**EMILY's List**

**A. Ms. Lois Baum**  
Full Name (Last, First, Middle Initial)

Mailing Address 3750 N. Lake Shore Drive

City Chicago	State IL	Zip Code 60613
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer WFMT Radio	Occupation RETIRED
--------------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	01	/	2013

**Transaction ID : 3615652**

Amount of Each Receipt this Period  
200.00

**B. Mr. James M. Becker**  
Full Name (Last, First, Middle Initial)

Mailing Address 94 Juniper Road

City Belmont	State MA	Zip Code 02478
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Skanska USA Building	Occupation Contractor
--	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	21	/	2013

**Transaction ID : 3628367**

Amount of Each Receipt this Period  
2000.00

**C. Ms. Susan Beckerman**  
Full Name (Last, First, Middle Initial)

Mailing Address 685 West End Avenue

City New York	State NY	Zip Code 10025
------------------	-------------	-------------------

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 ▼  
900.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	20	/	2013

**Transaction ID : 3628320**

Amount of Each Receipt this Period  
225.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2425.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 25 OF 1350
	<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**

Full Name (Last, First, Middle Initial) <b>A. Ms. Patricia Bedi</b>		Date of Receipt MM / DD / YYYY 04 / 19 / 2013 <b>Transaction ID : 3626249</b>
Mailing Address 1010 Seagrove Ln Unit 1		Amount of Each Receipt this Period 1000.00
City Sarasota	State FL	Zip Code 34242
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Wendy Beetlestone</b>		Date of Receipt MM / DD / YYYY 04 / 03 / 2013 <b>Transaction ID : 3616396</b>
Mailing Address 4141 Apalogen Road		Amount of Each Receipt this Period 1000.00
City Philadelphia	State PA	Zip Code 19129
FEC ID number of contributing federal political committee. C		
Name of Employer Hangley Aronchick Segal	Occupation Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Kathy L. Beitscher</b>		Date of Receipt MM / DD / YYYY 04 / 02 / 2013 <b>Transaction ID : 3616429</b>
Mailing Address 4910 Crestland Drive		Amount of Each Receipt this Period 300.00
City La Mesa	State CA	Zip Code 91941
FEC ID number of contributing federal political committee. C		
Name of Employer Requested	Occupation Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 26 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Janet Dewart Bell</b>		Date of Receipt
Mailing Address 444 Central Park West Apt.. 14 B		<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2013"/>
City	State	Zip Code
New York	NY	10025
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3620400</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Self	Consultant	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Mr. Robert B. Benjamin</b>		Date of Receipt
Mailing Address 4300 W River Pkwy Apt 602		<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City	State	Zip Code
Minneapolis	MN	55406
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3627238</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
None	RETIRED	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Janine Bera</b>		Date of Receipt
Mailing Address 6107 Pirate Point Court		<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City	State	Zip Code
Elk Grove	CA	95758
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3626002</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Kaiser Permanente	Physician	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 27 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Mr. Toby Berger**  
Full Name (Last, First, Middle Initial)

Mailing Address 810 Gilliams Mountain Ct.

City Charlottesville	State VA	Zip Code 22903
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Virginia	Occupation Professor
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	18	/	2013

**Transaction ID : 3625531**

Amount of Each Receipt this Period  
144.00

**B. Ms. Nancy Bergstrom**  
Full Name (Last, First, Middle Initial)

Mailing Address 3935 Ramble Creek DR

City Missouri City	State TX	Zip Code 77459
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Texas Houston	Occupation Professor
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	29	/	2013

**Transaction ID : 3631967**

Amount of Each Receipt this Period  
100.00

**C. Ms. Marjorie Berk**  
Full Name (Last, First, Middle Initial)

Mailing Address 7 East 14th Street Apt. 117

City New York	State NY	Zip Code 10003
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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 ▼  
340.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	19	/	2013

**Transaction ID : 3626570**

Amount of Each Receipt this Period  
85.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	329.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 28 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Dr. Ellen M. Berman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 321 Mallwyd Rd  
City Merion Station State PA Zip Code 19066  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation MD Psychiatrist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 11 / 2013**  
**Transaction ID : 3620356**  
Amount of Each Receipt this Period **1000.00**

**B. Ms. Georgia Berner**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 517  
City Zelienople State PA Zip Code 16063  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Berner International Occupation President/CEO  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **3500.00**

Date of Receipt **04 / 09 / 2013**  
**Transaction ID : 3618384**  
Amount of Each Receipt this Period **1000.00**

**C. Ms. Georgia Berner**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 517  
City Zelienople State PA Zip Code 16063  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Berner International Occupation President/CEO  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **3500.00**

Date of Receipt **04 / 09 / 2013**  
**Transaction ID : 3620134**  
Amount of Each Receipt this Period **1500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **3500.00**  
**TOTAL** This Period (last page this line number only).....

**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 29 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Barbara Bernstein</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 19 / 2013 <b>Transaction ID : 3625755</b>
Mailing Address 482 Fenton PL		Amount of Each Receipt this Period 250.00
City Charlotte	State NC	Zip Code 28207
FEC ID number of contributing federal political committee. C		
Name of Employer REQUESTED	Occupation REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Michelle Berrey</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 22 / 2013 <b>Transaction ID : 3629111</b>
Mailing Address 3915 Chippenham Rd		Amount of Each Receipt this Period 100.00
City Durham	State NC	Zip Code 27707
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Fran Berrin</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 11 / 2013 <b>Transaction ID : 3620359</b>
Mailing Address 6445 S. Mitchell Manor Circle		Amount of Each Receipt this Period 1250.00
City Miami	State FL	Zip Code 33156
FEC ID number of contributing federal political committee. C		
Name of Employer REQUESTED	Occupation REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 30 OF 1350
	<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. Ms. Jane Bescherer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38 English DR  
 City Wilton State CT Zip Code 06897  
 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 11 / 2013  
**Transaction ID : 3620282**  
 Amount of Each Receipt this Period  
 250.00

**B. Joseph Bessard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 471751  
 City Miami State FL Zip Code 33247  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employee Occupation Public Transportation, Energy, Agricul  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 22 / 2013  
**Transaction ID : 3628331**  
 Amount of Each Receipt this Period  
 300.00

**C. Mr. Lawrence Bianco**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 125  
 City Cornwall State PA Zip Code 17016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer None Occupation None  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 24 / 2013  
**Transaction ID : 3629599**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 31 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Mr. Lawrence Bianco**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 125

City Cornwall State PA Zip Code 17016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None None

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
04 / 25 / 2013  
**Transaction ID : 3630024**

Amount of Each Receipt this Period  
100.00

**B. Dr. Rex Bigler**  
Full Name (Last, First, Middle Initial)

Mailing Address 730 Morningside Rd

City Los Altos State CA Zip Code 94022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
REQUESTED REQUESTED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
04 / 03 / 2013  
**Transaction ID : 3616496**

Amount of Each Receipt this Period  
250.00

**C. Dr. Rex Bigler**  
Full Name (Last, First, Middle Initial)

Mailing Address 730 Morningside Rd

City Los Altos State CA Zip Code 94022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
REQUESTED REQUESTED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
04 / 24 / 2013  
**Transaction ID : 3629204**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 32 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Rabbi Amy B. Bigman**  
Full Name (Last, First, Middle Initial)

Mailing Address 2552 Koala Dr.

City East Lansing State MI Zip Code 48823

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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 02 / 2013  
**Transaction ID : 3616103**

Amount of Each Receipt this Period  
 250.00

**B. Ronda Billig**  
Full Name (Last, First, Middle Initial)

Mailing Address 156 W Clinton Ave

City Irvington State AL Zip Code 10533

FEC ID number of contributing federal political committee. **C**

Name of Employer PACE WM's Justice Center Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 25 / 2013  
**Transaction ID : 3629786**

Amount of Each Receipt this Period  
 100.00

**C. David Binder**  
Full Name (Last, First, Middle Initial)

Mailing Address 865 Comstock 10 F

City Los Angeles State CA Zip Code 90024

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 ▼ 235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2013  
**Transaction ID : 3620069**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 375.00

**TOTAL** This Period (last page this line number only)..... ▶



**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 33 OF 1350
<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**

Full Name (Last, First, Middle Initial) <b>A. David Binder</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : 3632902</b>
Mailing Address 865 Comstock 10 F		Amount of Each Receipt this Period 100.00
City Los Angeles	State CA	Zip Code 90024
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

Full Name (Last, First, Middle Initial) <b>B. Prof. Allida M. Black</b>		Date of Receipt MM / DD / YYYY 04 / 02 / 2013 <b>Transaction ID : 3615795</b>
Mailing Address 2001 N Kenilworth St		Amount of Each Receipt this Period 100.00
City Arlington	State VA	Zip Code 22205
FEC ID number of contributing federal political committee. C		
Name of Employer Four Freedoms Park Conservancy, LLC	Occupation historian/writer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. James Blair</b>		Date of Receipt MM / DD / YYYY 04 / 01 / 2013 <b>Transaction ID : 3614767</b>
Mailing Address 610 Walnut		Amount of Each Receipt this Period 25.00
City Burlington	State IA	Zip Code 52601
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 34 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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)  
**EMILY's List**

Full Name (Last, First, Middle Initial)  
**A. Mr. James Blair**

Mailing Address 610 Walnut

City Burlington State IA Zip Code 52601

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 ▼  
330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2013  
**Transaction ID : 3618047**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**B. Mr. James Blair**

Mailing Address 610 Walnut

City Burlington State IA Zip Code 52601

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 ▼  
330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 20 / 2013  
**Transaction ID : 3626608**

Amount of Each Receipt this Period  
 15.00

Full Name (Last, First, Middle Initial)  
**C. Mr. James Blair**

Mailing Address 610 Walnut

City Burlington State IA Zip Code 52601

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 ▼  
330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2013  
**Transaction ID : 3629070**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 35 OF 1350
	<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. Mr. James Blair**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 610 Walnut  
 City Burlington State IA Zip Code 52601  
 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 ▼ 330.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3632766**  
 Amount of Each Receipt this Period  
 20.00

**B. Rev. Christine E Blair**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1402 N Mills Avenue  
 City Claremont State CA Zip Code 91711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northkirk Presbyterian Church, Rancho Occupation pastor/professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 19 / 2013  
**Transaction ID : 3628316**  
 Amount of Each Receipt this Period  
 100.00

**C. Ms. Deborah B. Blair Porter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1156 5th Street  
 City Manhattan Beach State CA Zip Code 90266  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wyner & Tiffany Occupation REQUESTED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 02 / 2013  
**Transaction ID : 3616149**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	370.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 36 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Dr. Donna Wells Blake**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10856 Parcel Court  
City State Zip Code  
Oakton VA 22124  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
self employed Scientist  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**650.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**04 / 20 / 2013**  
**Transaction ID : 3628324**  
Amount of Each Receipt this Period  
**100.00**

**B. Mr. Edmond Blau**  
Full Name (Last, First, Middle Initial)  
Mailing Address 411 Sunset Blvd.  
City State Zip Code  
Port Townsend WA 98368  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Requested Requested  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**550.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**04 / 01 / 2013**  
**Transaction ID : 3615276**  
Amount of Each Receipt this Period  
**50.00**

**C. Mr. Bill Bletzing**  
Full Name (Last, First, Middle Initial)  
Mailing Address 213 Leighton Ave  
City State Zip Code  
Silver Spring MD 20901  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Mary's Cnt Maternal & Child Care CFO  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**350.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**04 / 04 / 2013**  
**Transaction ID : 3616970**  
Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>400.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 37 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Michele H. Bloch</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 24 / 2013 <b>Transaction ID : 3629220</b>
Mailing Address 11708 Rosalinda Dr		Amount of Each Receipt this Period 300.00
City Potomac	State MD	Zip Code 20854
FEC ID number of contributing federal political committee. C		
Name of Employer National Institute of Health	Occupation SCIENTIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Jean F. Bloch</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 08 / 2013 <b>Transaction ID : 3619456</b>
Mailing Address 3939 Erie Avenue Apt. 4070		Amount of Each Receipt this Period 300.00
City Cincinnati	State OH	Zip Code 45208
FEC ID number of contributing federal political committee. C		
Name of Employer REQUESTED	Occupation REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Lex Blood</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 16 / 2013 <b>Transaction ID : 3623562</b>
Mailing Address PO Box 2063		Amount of Each Receipt this Period 150.00
City Kalispell	State MT	Zip Code 59903
FEC ID number of contributing federal political committee. C		
Name of Employer REQUESTED	Occupation REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 38 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Dr. Tess J. Bobo**  
Full Name (Last, First, Middle Initial)

Mailing Address 134 Albany

City San Antonio State TX Zip Code 78209

FEC ID number of contributing federal political committee. **C**

Name of Employer department of defense Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3634198**

Amount of Each Receipt this Period  
 100.00

**B. Mr. Victor Bollman**  
Full Name (Last, First, Middle Initial)

Mailing Address 15735 NE Browndale Farm Road

City Aurora State OR Zip Code 97002

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 ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2013

**Transaction ID : 3624129**

Amount of Each Receipt this Period  
 300.00

**C. Mr. Fraser A. Bonnell**  
Full Name (Last, First, Middle Initial)

Mailing Address 316 Vassar Ave.

City Berkeley State CA Zip Code 94708

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 ▼ 720.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 04 / 2013

**Transaction ID : 3616795**

Amount of Each Receipt this Period  
 150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 39 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Fraser A. Bonnell</b>		Date of Receipt
Mailing Address 316 Vassar Ave.		M M M / D D D / Y Y Y Y Y Y 04 / 13 / 2013
City	State	Zip Code
Berkeley	CA	94708
FEC ID number of contributing federal political committee.		Transaction ID : <b>3622076</b>
C		Amount of Each Receipt this Period
		30.00
Name of Employer	Occupation	
None	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	720.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Margaret Bootz</b>		Date of Receipt
Mailing Address 309 6th Ave W		M M M / D D D / Y Y Y Y Y Y 04 / 18 / 2013
City	State	Zip Code
Lemmon	SD	57638
FEC ID number of contributing federal political committee.		Transaction ID : <b>3625502</b>
C		Amount of Each Receipt this Period
		200.00
Name of Employer	Occupation	
Requested	Requested	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	325.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Bitsy W. Boozer</b>		Date of Receipt
Mailing Address 21 W Wesley Rdg NW		M M M / D D D / Y Y Y Y Y Y 04 / 08 / 2013
City	State	Zip Code
Atlanta	GA	30327
FEC ID number of contributing federal political committee.		Transaction ID : <b>3619385</b>
C		Amount of Each Receipt this Period
		500.00
Name of Employer	Occupation	
Requested	Requested	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	730.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 40 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Ms. Karen J. Bopp**

Mailing Address 6505 Lily Dhu Lane

City Falls Church      State VA      Zip Code 22044

FEC ID number of contributing federal political committee. **C**

Name of Employer self      Occupation attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 29 / 2013  
**Transaction ID : 3631879**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. Gail Bosso**

Mailing Address 124 Penfield Cres

City Rochester      State NY      Zip Code 14625

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 ▼  
215.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 26 / 2013  
**Transaction ID : 3630812**

Amount of Each Receipt this Period  
15.00

Full Name (Last, First, Middle Initial)  
**C. John G. Bourne**

Mailing Address 12 Tano Alto

City Santa Fe      State NM      Zip Code 87506

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 ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 22 / 2013  
**Transaction ID : 3627879**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 365.00

**TOTAL** This Period (last page this line number only)..... ▶



**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 41 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Margaret C. Bowles**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 100

City State Zip Code  
Lyme NH 03768

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Editor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 01 / 2013  
**Transaction ID : 3615322**

Amount of Each Receipt this Period  
300.00

**B. Ms. Elizabeth Bowman**  
Full Name (Last, First, Middle Initial)

Mailing Address 620 Sand Hill Road #401g

City State Zip Code  
Palo Alto CA 94304

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
County of Santa Clara Librarian

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 23 / 2013  
**Transaction ID : 3630042**

Amount of Each Receipt this Period  
1000.00

**C. Dr. Jane Eisner Bram , Ph.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 124 East 84th Street

City State Zip Code  
New York NY 10028

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
self Psychotherapist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 15 / 2013  
**Transaction ID : 3622844**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 42 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Amy Brandwein**

Mailing Address 2622 South Joyce Street

City State Zip Code  
Arlington VA 22202

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Chef AmyB, LLC Chef

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 17 / 2013  
**Transaction ID : 3623909**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Ann R. Bratton**

Mailing Address 830 S. Bell Avenue

City State Zip Code  
Chicago IL 60612

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
FHLB of Chicago Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 25 / 2013  
**Transaction ID : 3630508**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Dr. Mary A Braunagel-Brown**

Mailing Address 7321 Roaring Springs Dr.

City State Zip Code  
Austin TX 78736

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 16 / 2013  
**Transaction ID : 3622473**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 43 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Ms. Karrye Y Braxton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1320 Missouri Ave NW # 102

City Washington	State DC	Zip Code 20011
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Global Business Solutions, Inc.	Occupation Business Executive
---	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	07	/	2013

**Transaction ID : 3617851**

Amount of Each Receipt this Period  

100.00
--------

**B. Ms. Karrye Y Braxton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1320 Missouri Ave NW # 102

City Washington	State DC	Zip Code 20011
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Global Business Solutions, Inc.	Occupation Business Executive
---	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2013

**Transaction ID : 3623907**

Amount of Each Receipt this Period  

25.00
-------

**C. Ms. Barbara G. Breger**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1159

City Woodacre	State CA	Zip Code 94973
------------------	-------------	-------------------

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 ▼ **325.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2013

**Transaction ID : 3630774**

Amount of Each Receipt this Period  

50.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>175.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 44 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Mr. Michael Briselli**  
Full Name (Last, First, Middle Initial)

Mailing Address 2107 E Kensington Blvd

City Milwaukee State WI Zip Code 53211

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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 19 / 2013

**Transaction ID : 3626211**

Amount of Each Receipt this Period  
 250.00

**B. Tyler Brodie**  
Full Name (Last, First, Middle Initial)

Mailing Address 112 W 13Th St

City New York State NY Zip Code 10011

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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 16 / 2013

**Transaction ID : 3622333**

Amount of Each Receipt this Period  
 300.00

**C. Ms. Ruth W. Brodsky**  
Full Name (Last, First, Middle Initial)

Mailing Address 5555 Del Monte Dr Unit 607

City Houston State TX Zip Code 77056

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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 02 / 2013

**Transaction ID : 3616270**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 45 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Dr. Gay Brookes**  
Full Name (Last, First, Middle Initial)  
Mailing Address 122 W 75TH St Apt B  
City New York State NY Zip Code 10023  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BMCC, CUNY Occupation professor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 16 / 2013  
**Transaction ID : 3625429**  
Amount of Each Receipt this Period 50.00

**B. Ms. Michelle Brown**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2131 Florida Ave NW  
City Washington State DC Zip Code 20008  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NDI Occupation D&G  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 07 / 2013  
**Transaction ID : 3618028**  
Amount of Each Receipt this Period 85.00

**C. Mr. Hilton U. Brown**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2144 Creeden Way  
City Mountain View State CA Zip Code 94040  
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 ▼ 600.00

Date of Receipt 04 / 08 / 2013  
**Transaction ID : 3619383**  
Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 435.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 46 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Nancy M. Brown</b>		Date of Receipt
Mailing Address 3463 State St #220		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City Santa Barbara	State CA	Zip Code 93105
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3630040</b>
Name of Employer Self Employed	Occupation Rancher	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Ms. Kay Miller Browne</b>		Date of Receipt
Mailing Address 55 Worthington Dr		<input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>
City Farmington	State CT	Zip Code 06032
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3627137</b>
Name of Employer None	Occupation Retired Housewife	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="200.00"/>
	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Ms. Priscilla Browning</b>		Date of Receipt
Mailing Address 1 Pleasant Grove Lane		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City Ithaca	State NY	Zip Code 14850
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3633075</b>
Name of Employer Requested	Occupation Requested	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
	<input type="text" value="500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1450.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 47 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Judith W. Bruce**  
Full Name (Last, First, Middle Initial)

Mailing Address 11674 E Lake Rd

City Hammondsport	State NY	Zip Code 14840
----------------------	-------------	-------------------

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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	21	/	2013

**Transaction ID : 3626744**

Amount of Each Receipt this Period  
100.00

**B. Judith W. Bruce**  
Full Name (Last, First, Middle Initial)

Mailing Address 11674 E Lake Rd

City Hammondsport	State NY	Zip Code 14840
----------------------	-------------	-------------------

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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2013

**Transaction ID : 3630475**

Amount of Each Receipt this Period  
100.00

**C. Ms. Jan Brunkow**  
Full Name (Last, First, Middle Initial)

Mailing Address S869 State Road 25

City Nelson	State WI	Zip Code 54756
----------------	-------------	-------------------

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 ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2013

**Transaction ID : 3630874**

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 48 OF 1350
	<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**

Full Name (Last, First, Middle Initial) <b>A. Mrs. Yolanda Bruno</b>		Date of Receipt
Mailing Address 11232 Ridermark Row		M M M / D D D / Y Y Y Y Y Y 04 / 18 / 2013
City	State	Zip Code
Columbia	MD	21044
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 3624672</b>
Name of Employer None		Amount of Each Receipt this Period
Occupation Retired		250.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	250.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Barbara Bryan</b>		Date of Receipt
Mailing Address 179 Stanton St., Apt. 3R		M M M / D D D / Y Y Y Y Y Y 04 / 15 / 2013
City	State	Zip Code
New York	NY	10002
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 3622550</b>
Name of Employer None		Amount of Each Receipt this Period
Occupation Retired		100.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	300.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. Evan Buck</b>		Date of Receipt
Mailing Address 605 Bendview Dr		M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2013
City	State	Zip Code
Charleston	WV	25314
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 3630032</b>
Name of Employer None		Amount of Each Receipt this Period
Occupation Retired		2000.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	2000.00	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 49 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Dr. Duncan A. Buell**  
Full Name (Last, First, Middle Initial)

Mailing Address 850 Hampton Creek Way

City Columbia State SC Zip Code 29209

FEC ID number of contributing federal political committee. **C**

Name of Employer University of South Carolina Occupation Professor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2013

**Transaction ID : 3628373**

Amount of Each Receipt this Period  
 240.00

**B. Dr. M. Elaine Burgess**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Whitdale Pt

City Greensboro State NC Zip Code 27455

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 ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2013

**Transaction ID : 3633078**

Amount of Each Receipt this Period  
 1000.00

**C. Ms. Kathleen J. Burke**  
Full Name (Last, First, Middle Initial)

Mailing Address 320 Blackfield Drive

City Tiburon State CA Zip Code 94920

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2013

**Transaction ID : 3631232**

Amount of Each Receipt this Period  
 150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1390.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 50 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Ms. Adele Burke**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1239 Hi Point St.  
City Los Angeles State CA Zip Code 90035  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Requested Occupation Educator  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **400.00**

Date of Receipt **04 / 03 / 2013**  
**Transaction ID : 3616480**  
Amount of Each Receipt this Period **150.00**

**B. Ms. Anne Burling**  
Full Name (Last, First, Middle Initial)  
Mailing Address 18 Brown St  
City Cambridge State MA Zip Code 02138  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Noe Occupation Retired  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **5000.00**

Date of Receipt **04 / 08 / 2013**  
**Transaction ID : 3619530**  
Amount of Each Receipt this Period **2000.00**

**C. Ms. Anne Burling**  
Full Name (Last, First, Middle Initial)  
Mailing Address 18 Brown St  
City Cambridge State MA Zip Code 02138  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Noe Occupation Retired  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **5000.00**

Date of Receipt **04 / 12 / 2013**  
**Transaction ID : 3621566**  
Amount of Each Receipt this Period **2000.00**  
Trans \$1,500 to NF 5/08/13

**SUBTOTAL** of Receipts This Page (optional)..... **4150.00**  
**TOTAL** This Period (last page this line number only).....

**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 51 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Jean Burling</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 06 / 2013 <b>Transaction ID : 3618150</b>
Mailing Address 20 Lang Road		Amount of Each Receipt this Period 35.00
City Cornish	State NH	Zip Code 03745
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Jean Burling</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 09 / 2013 <b>Transaction ID : 3619045</b>
Mailing Address 20 Lang Road		Amount of Each Receipt this Period 50.00
City Cornish	State NH	Zip Code 03745
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Barbara Burnham</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 21 / 2013 <b>Transaction ID : 3626680</b>
Mailing Address 7981 Eastern Ave # 314		Amount of Each Receipt this Period 100.00
City Silver Spring	State MD	Zip Code 20910
FEC ID number of contributing federal political committee. C		
Name of Employer Local Initiatives Support Corporation	Occupation Community Development Advocate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	185.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 52 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Mary R. Cafiero</b>			Date of Receipt
Mailing Address 1731 Fulton St.			<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : 3631465</b>
Palo Alto	CA	94303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="500.00"/>
Name of Employer	Occupation		
None	RETIRED		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Ms. Carmen Calzacorta</b>			Date of Receipt
Mailing Address 3220 SW Gale Avenue			<input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : 3624425</b>
Portland	OR	97239	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="1000.00"/>
Name of Employer	Occupation		
Schwabe Williamson & Wyatt	Attorney		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Ms. Barbara L. Cambridge</b>			Date of Receipt
Mailing Address 4501 Connecticut Ave., NW Apt. 603			<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : 3625294</b>
Washington	DC	20008	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
NCTE	Director		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1525.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 53 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Sharon L. Camp**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8930 Camp RD  
 City Welcome State MD Zip Code 20693  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Alan Guttmacher Inst. Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 22 / 2013  
**Transaction ID : 3627829**  
 Amount of Each Receipt this Period  
 500.00

**B. Ms. Natalie Caplin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2500 Indigo Lane Unit 330  
 City Glenview State IL Zip Code 60026  
 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 ▼ 265.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 02 / 2013  
**Transaction ID : 3616414**  
 Amount of Each Receipt this Period  
 125.00

**C. Mr. Giuliano Carlini**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1605 El Verano Way  
 City Belmont State CA Zip Code 94002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer baynote Occupation coder  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 16 / 2013  
**Transaction ID : 3624573**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 675.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 54 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Mr. Giuliano Carlini**  
Full Name (Last, First, Middle Initial)

Mailing Address 1605 El Verano Way

City Belmont State CA Zip Code 94002

FEC ID number of contributing federal political committee. **C**

Name of Employer baynote Occupation coder

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 29 / 2013**

**Transaction ID : 3632730**

Amount of Each Receipt this Period  
**50.00**

**B. Ms. Andrea S. Carlise**  
Full Name (Last, First, Middle Initial)

Mailing Address 2835 Johnson Avenue

City Alameda State CA Zip Code 94501

FEC ID number of contributing federal political committee. **C**

Name of Employer Patton Wolan Carlise, LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 16 / 2013**

**Transaction ID : 3625451**

Amount of Each Receipt this Period  
**85.00**

**c. Ms. Deborah Carpenter**  
Full Name (Last, First, Middle Initial)

Mailing Address 14365 W Dartmouth Dr

City Lakewood State CO Zip Code 80228

FEC ID number of contributing federal political committee. **C**

Name of Employer COBITCO, Inc. Occupation Office Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 23 / 2013**

**Transaction ID : 3629120**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **235.00**

**TOTAL** This Period (last page this line number only)..... ▶

**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 55 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Mrs. Arleta Carr**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2716 Rincon DR  
City Grand Junction State CO Zip Code 81503  
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 ▼ 300.00

Date of Receipt 04 / 26 / 2013  
**Transaction ID : 3631439**  
Amount of Each Receipt this Period 100.00

**B. Ms. Judith K. Carter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1244 Sunset Dr  
City Columbia State MO Zip Code 65203  
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 ▼ 1000.00

Date of Receipt 04 / 08 / 2013  
**Transaction ID : 3619341**  
Amount of Each Receipt this Period 500.00

**c. Ms. Judith K. Carter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1244 Sunset Dr  
City Columbia State MO Zip Code 65203  
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 ▼ 1000.00

Date of Receipt 04 / 19 / 2013  
**Transaction ID : 3626057**  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1100.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 OF 1350
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. Ms. Rosanne Cash**  
Full Name (Last, First, Middle Initial)  
Mailing Address Haber Corporation  
16830 Ventura Blvd., Suite 501  
City Encino State CA Zip Code 91436  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation writer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 04 / 19 / 2013  
Transaction ID : 3626556  
Amount of Each Receipt this Period 75.00

**B. Ms. Lois Chaffee**  
Full Name (Last, First, Middle Initial)  
Mailing Address 248 East 7th Street  
City New York State NY Zip Code 10009  
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 ▼ 225.00  
Date of Receipt 04 / 09 / 2013  
Transaction ID : 3619065  
Amount of Each Receipt this Period 25.00

**C. Ms. Lois Chaffee**  
Full Name (Last, First, Middle Initial)  
Mailing Address 248 East 7th Street  
City New York State NY Zip Code 10009  
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 ▼ 225.00  
Date of Receipt 04 / 26 / 2013  
Transaction ID : 3630850  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00  
**TOTAL** This Period (last page this line number only)..... ▶



**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 57 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Shirley Chami**  
Full Name (Last, First, Middle Initial)

Mailing Address 10625 Flaxton St.

City Culver City	State CA	Zip Code 90230
---------------------	-------------	-------------------

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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	04	/	2013

**Transaction ID : 3616695**

Amount of Each Receipt this Period  
150.00

**B. Dr. Barbara Holland Chapman**  
Full Name (Last, First, Middle Initial)

Mailing Address 2004 Crabtree Ln.

City Chapel Hill	State NC	Zip Code 27516
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self	Occupation retired public school educator
--------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	01	/	2013

**Transaction ID : 3614848**

Amount of Each Receipt this Period  
250.00

**C. Ms. Lydia C. Cheney**  
Full Name (Last, First, Middle Initial)

Mailing Address 2900 Redmont Park Cir., Apt. 5

City Birmingham	State AL	Zip Code 35205
--------------------	-------------	-------------------

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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2013

**Transaction ID : 3622568**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 OF 1350
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Ursula Childs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 61 Sea Marsh Rd  
 City State Zip Code  
 Amelia Island FL 32034  
 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 ▼  
 253.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2013  
**Transaction ID : 3618722**  
 Amount of Each Receipt this Period  
 253.00

**B. Randy Ching**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1560 Kanunu St, #818  
 City State Zip Code  
 Honolulu HI 96814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Requested Occupation Requested  
 None Retired  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 290.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3632841**  
 Amount of Each Receipt this Period  
 10.00

**C. Ms. Marilee Chinnici-Luercher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6043 Glenbarr Place  
 City State Zip Code  
 Dublin OH 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Requested Occupation Requested  
 HandsOn Central Ohio CEO/nonprofit  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 11 / 2013  
**Transaction ID : 3620355**  
 Amount of Each Receipt this Period  
 200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	463.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 59 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Dr. David L. Chittenden**  
Full Name (Last, First, Middle Initial)

Mailing Address 14 Underhill Rd

City Mill Valley State CA Zip Code 94941

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation MD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3632789**

Amount of Each Receipt this Period  
 250.00

**B. Ms. Elaine Church**  
Full Name (Last, First, Middle Initial)

Mailing Address 1822 24th St South

City Arlington State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C**

Name of Employer PwC Occupation consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 25 / 2013  
**Transaction ID : 3630307**

Amount of Each Receipt this Period  
 250.00

**C. Mr. Brian F. Cislak**  
Full Name (Last, First, Middle Initial)

Mailing Address 1401 E. Skyline Dr.

City Madison State WI Zip Code 53705

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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 12 / 2013  
**Transaction ID : 3621039**

Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 60 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Ms. Carnzu A. Clark**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3775 Modoc Rd Apt 183

City Santa Barbara	State CA	Zip Code 93105
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Date of Receipt  
04 / 11 / 2013  
Transaction ID : 3620237

Amount of Each Receipt this Period  
1000.00

**B. Ms. Barbara S. Clark**  
Full Name (Last, First, Middle Initial)  
Mailing Address 138 Pathway Ln

City West Lafayette	State IN	Zip Code 47906
FEC ID number of contributing federal political committee. C		
Name of Employer Purdue Univ.	Occupation DIVERSITY DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt  
04 / 05 / 2013  
Transaction ID : 3617209

Amount of Each Receipt this Period  
250.00

**C. Ms. Pauline A. Clark**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3106 Kittrell CT

City Boulder	State CO	Zip Code 80305
FEC ID number of contributing federal political committee. C		
Name of Employer REQUESTED	Occupation REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt  
04 / 17 / 2013  
Transaction ID : 3624075

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 61 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Ms. Nena Clark**  
Full Name (Last, First, Middle Initial)

Mailing Address 4523 Maples RD

City Fort Wayne State IN Zip Code 46816

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 ▼ **300.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**04 / 17 / 2013**

**Transaction ID : 3624076**

Amount of Each Receipt this Period  
**150.00**

**B. Ms. Carolyn Levy Clark**  
Full Name (Last, First, Middle Initial)

Mailing Address 12 Royal Way

City Dallas State TX Zip Code 75229

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  
M M M / D D D / Y Y Y Y Y Y  
**04 / 21 / 2013**

**Transaction ID : 3626859**

Amount of Each Receipt this Period  
**100.00**

**C. Mrs. Marilyn Cobb**  
Full Name (Last, First, Middle Initial)

Mailing Address 4101 Lakeridge DR

City Holland State MI Zip Code 49424

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 ▼ **250.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**04 / 16 / 2013**

**Transaction ID : 3623515**

Amount of Each Receipt this Period  
**125.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **375.00**

**TOTAL** This Period (last page this line number only)..... ▶

**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 62 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Mr. Edward Coe**  
Full Name (Last, First, Middle Initial)  
Mailing Address 206 HEATHER LN  
City Columbia State MO Zip Code 65203  
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 **335.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**04 / 25 / 2013**  
**Transaction ID : 3629856**  
Amount of Each Receipt this Period  
**150.00**

**B. Ms. Gail Coffey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 203 Yoakum Parkway, Unit 411  
City Alexandria State VA Zip Code 22304  
FEC ID number of contributing federal political committee. **C**  
Name of Employer GCCI Occupation Proposal consultant  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **400.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**04 / 10 / 2013**  
**Transaction ID : 3620032**  
Amount of Each Receipt this Period  
**100.00**

**C. Ms. Pamela Cogan Riddle**  
Full Name (Last, First, Middle Initial)  
Mailing Address 97 Fredrick Ave  
City Atherton State CA Zip Code 94027  
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 **1000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**04 / 15 / 2013**  
**Transaction ID : 3623116**  
Amount of Each Receipt this Period  
**1000.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1250.00**  
**TOTAL** This Period (last page this line number only).....

**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 63 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Mr. Peter Cohen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 55 East 11 Street  
City New York State NY Zip Code 10003  
FEC ID number of contributing federal political committee. **C**  
Name of Employer 22 research corp. Occupation investment mgr.  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 16 / 2013  
**Transaction ID : 3623773**  
Amount of Each Receipt this Period  
250.00

**B. Ms. Dee K. Coil**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3168 Cafeto Drive  
City Walnut Creek State CA Zip Code 94598  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Educational Therapis  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 19 / 2013  
**Transaction ID : 3628325**  
Amount of Each Receipt this Period  
100.00

**C. Ms. Esther U. Coke**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7 Crows Nest Lane  
City Marshfield State MA Zip Code 02050  
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 ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 15 / 2013  
**Transaction ID : 3621776**  
Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 64 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Ms. Heather L Colburn**  
Full Name (Last, First, Middle Initial)

Mailing Address 113 N First

City Madison State WI Zip Code 53704

FEC ID number of contributing federal political committee. **C**

Name of Employer Colburn Consulting Occupation Political Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 24 / 2013  
**Transaction ID : 3629614**

Amount of Each Receipt this Period  
 100.00

**B. Ms. Elizabeth R. Cole**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Whipple Farm Lane

City Falmouth State ME Zip Code 01405

FEC ID number of contributing federal political committee. **C**

Name of Employer Colby College Occupation Secretary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2013  
**Transaction ID : 3619328**

Amount of Each Receipt this Period  
 300.00

**C. Ms. Josephine C. Cole**  
Full Name (Last, First, Middle Initial)

Mailing Address 308 Jones St

City Ukiah State CA Zip Code 95482

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 ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 24 / 2013  
**Transaction ID : 3629732**

Amount of Each Receipt this Period  
 1500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1900.00

**TOTAL** This Period (last page this line number only)..... ▶



**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 65 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Courtney S. Coleman**  
Full Name (Last, First, Middle Initial)

Mailing Address 2740 Mountain View Dr

City La Verne State CA Zip Code 91750

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 ▼ **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 09 / 2013

**Transaction ID : 3618726**

Amount of Each Receipt this Period  
**250.00**

**B. Courtney S. Coleman**  
Full Name (Last, First, Middle Initial)

Mailing Address 2740 Mountain View Dr

City La Verne State CA Zip Code 91750

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 ▼ **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 26 / 2013

**Transaction ID : 3631388**

Amount of Each Receipt this Period  
**100.00**

**C. Ms. Suzanne Colucci**  
Full Name (Last, First, Middle Initial)

Mailing Address 7155 Hillside DR

City Clarkston State MI Zip Code 48346

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 ▼ **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 01 / 2013

**Transaction ID : 3615477**

Amount of Each Receipt this Period  
**300.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **650.00**

**TOTAL** This Period (last page this line number only)..... ▶

**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 66 OF 1350
<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**

Full Name (Last, First, Middle Initial) <b>A. Mr. Cristobal Conde</b>		Date of Receipt
Mailing Address 255 E. 74th PH 2		<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2013"/>
City State Zip Code New York NY 10021		<b>Transaction ID : 3617356</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="1500.00"/>
Name of Employer SunGard Data Systems	Occupation consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Ms. Patricia M. Condon</b>		Date of Receipt
Mailing Address 8101 Tomlinson Ave		<input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City State Zip Code Bethesda MD 20817		<b>Transaction ID : 3624394</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Name of Employer REQUESTED	Occupation REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="450.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Ms. Jane Condon</b>		Date of Receipt
Mailing Address 38 Close RD		<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2013"/>
City State Zip Code Greenwich CT 06831		<b>Transaction ID : 3620398</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer self-employed	Occupation comedian	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="550.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1650.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 67 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Margaret R. Confrey</b>		Date of Receipt
Mailing Address 43 Cormack Court		<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2013"/>
City	State	Zip Code
Babylon	NY	11702
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>3616101</b>
Altria Corporate Services	REQUESTED	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) <b>B. Mr. Michael Connolly</b>		Date of Receipt
Mailing Address 150 Nassau Street Apt. 8D		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code
New York	NY	10038
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>3620813</b>
Morrison Cohen LLP	Lawyer	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

Full Name (Last, First, Middle Initial) <b>C. Ms. A. L. Contreras</b>		Date of Receipt
Mailing Address 1805 Lyndon RD		<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City	State	Zip Code
San Diego	CA	92103
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>3627613</b>
CA. Hwy Patrol	Officer	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	<input type="text" value="150.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="900.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 68 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. James Conway</b>		Date of Receipt MM / DD / YYYY 04 / 05 / 2013 <b>Transaction ID : 3617068</b>
Mailing Address 110 Chaney Ave		Amount of Each Receipt this Period 500.00
City Cayucos	State CA	Zip Code 93430
FEC ID number of contributing federal political committee. C	Name of Employer Cal Poly State University	Occupation PROFESSOR
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Heidi Cook</b>		Date of Receipt MM / DD / YYYY 04 / 08 / 2013 <b>Transaction ID : 3618212</b>
Mailing Address 14204 SE 51 Street		Amount of Each Receipt this Period 50.00
City Bellevue	State WA	Zip Code 98006
FEC ID number of contributing federal political committee. C	Name of Employer AFS Intercultural Programs	Occupation Volunteer Hosting Coordinator
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 335.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Heidi Cook</b>		Date of Receipt MM / DD / YYYY 04 / 19 / 2013 <b>Transaction ID : 3626553</b>
Mailing Address 14204 SE 51 Street		Amount of Each Receipt this Period 25.00
City Bellevue	State WA	Zip Code 98006
FEC ID number of contributing federal political committee. C	Name of Employer AFS Intercultural Programs	Occupation Volunteer Hosting Coordinator
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 335.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	575.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 69 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Mrs. Quarrier B. Cook**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1085 Camino Manana  
 City Santa Fe State NM Zip Code 87501  
 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 ▼ 1850.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 11 / 2013  
**Transaction ID : 3620549**  
 Amount of Each Receipt this Period  
 250.00

**B. Mr. Richard Cooper**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1347  
 City Los Alamos State NM Zip Code 87544  
 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 ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 19 / 2013  
**Transaction ID : 3626288**  
 Amount of Each Receipt this Period  
 100.00

**C. Ms. Barbara Copi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1601 Cambridge Road  
 City Ann Arbor State MI Zip Code 48104  
 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 ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 05 / 2013  
**Transaction ID : 3617509**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 70 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Stephen M. Corbin</b>		Date of Receipt
Mailing Address 241 Dixie Trl		M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2013
City	State	Zip Code
Hamlet	NC	28345
FEC ID number of contributing federal political committee.	Transaction ID : <b>3620771</b>	
	Amount of Each Receipt this Period	
	100.00	
Name of Employer	Occupation	
Requested	Requested	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	400.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Patricia L. Cornett</b>		Date of Receipt
Mailing Address 31651 Auburn Dr.		M M M / D D D / Y Y Y Y Y Y 04 / 22 / 2013
City	State	Zip Code
Beverly Hills	MI	48025
FEC ID number of contributing federal political committee.	Transaction ID : <b>3627129</b>	
	Amount of Each Receipt this Period	
	113.00	
Name of Employer	Occupation	
Requested	Requested	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	226.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. John Cosgrave</b>		Date of Receipt
Mailing Address 2150 SW Sunset Dr		M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2013
City	State	Zip Code
Portland	OR	97239
FEC ID number of contributing federal political committee.	Transaction ID : <b>3633641</b>	
	Amount of Each Receipt this Period	
	300.00	
Name of Employer	Occupation	
USG	Attorney	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	300.00	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	513.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 71 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ms. Joan Costello**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5627 Olinda RD  
 City State Zip Code  
 El Sobrante CA 94803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 None None-Retired  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2013  
**Transaction ID : 3618894**  
 Amount of Each Receipt this Period  
 60.00

**B. Ms. Bonnie Cotton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 929 Hall Terrace  
 City State Zip Code  
 Glasgow MT 59230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Agriculture  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 290.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 13 / 2013  
**Transaction ID : 3621233**  
 Amount of Each Receipt this Period  
 20.00

**C. Ms. Bonnie Cotton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 929 Hall Terrace  
 City State Zip Code  
 Glasgow MT 59230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Agriculture  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 290.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2013  
**Transaction ID : 3631218**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 100.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 72 OF 1350
	<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. Dr. Mary Lou Courge**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 986 Birch Creek Dr  
 City State Zip Code  
 Wilmington NC 28403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Family Dermatology Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 26 / 2013  
**Transaction ID : 3631462**  
 Amount of Each Receipt this Period  
 250.00

**B. Ms. Jeanette Cousineau**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3247 Corte Valencia  
 City State Zip Code  
 Fairfield CA 94534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 None Retired  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2013  
**Transaction ID : 3624041**  
 Amount of Each Receipt this Period  
 225.00

**C. Ms. Marilyn Cowger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7230 Bailey RD  
 City State Zip Code  
 Clinton WA 98236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Requested Requested  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2013  
**Transaction ID : 3619384**  
 Amount of Each Receipt this Period  
 200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	675.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 73 OF 1350
	<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. Ms. Nancy Cox**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1595 West Dunbar Road  
 City Palatine State IL Zip Code 60067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Chicago Occupation Genetic Research  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 22 / 2013  
**Transaction ID : 3627294**  
 Amount of Each Receipt this Period  
 800.00

**B. Ms. Carolyn A Crane**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1619 Celeste Dr.  
 City San Mateo State CA Zip Code 94402  
 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 ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 02 / 2013  
**Transaction ID : 3615849**  
 Amount of Each Receipt this Period  
 100.00

**C. Ms. Anna L Crane**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32 Wellfleet Bay  
 City Alameda State CA Zip Code 94502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Social Security Administration Occupation Management Analyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 03 / 2013  
**Transaction ID : 3616543**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 74 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Dr. Anna L. Crawford**  
Full Name (Last, First, Middle Initial)

Mailing Address 195 14th Street, NE  
PH 605

City Atlanta State GA Zip Code 30309

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 ▼  
400.00

Date of Receipt  
04 / 26 / 2013  
Transaction ID : 3630921

Amount of Each Receipt this Period  
100.00

**B. Janet Crawford**  
Full Name (Last, First, Middle Initial)

Mailing Address 32625 SW Lake Point Ct.

City Wilsonville State OR Zip Code 97070

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 ▼  
250.00

Date of Receipt  
04 / 15 / 2013  
Transaction ID : 3623108

Amount of Each Receipt this Period  
125.00

**C. Ms. Janet Creelman**  
Full Name (Last, First, Middle Initial)

Mailing Address 850 Webster St Apt 915

City Palo Alto State CA Zip Code 94301

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 ▼  
750.00

Date of Receipt  
04 / 24 / 2013  
Transaction ID : 3629305

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 475.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 75 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Janet Creelman</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2013 <b>Transaction ID : 3629534</b>
Mailing Address 850 Webster St Apt 915		Amount of Each Receipt this Period 500.00
City Palo Alto	State CA	Zip Code 94301
FEC ID number of contributing federal political committee. C		
Name of Employer Requested	Occupation Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Lawrence E. Crooks</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 22 / 2013 <b>Transaction ID : 3627374</b>
Mailing Address 5439 Sacramento Avenue		Amount of Each Receipt this Period 250.00
City Richmond	State CA	Zip Code 94804
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Electrical Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Jane E. Crosby</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 16 / 2013 <b>Transaction ID : 3623386</b>
Mailing Address 18 Piney Point PL		Amount of Each Receipt this Period 250.00
City Sicklerville	State NJ	Zip Code 08081
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 76 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**EMILY's List**

**A. Ms. Mary Crowe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 66 Bedford Rd.  
 City Lincoln State MA Zip Code 01773  
 Date of Receipt: 04 / 19 / 2013  
 Transaction ID : 3626540  
 Amount of Each Receipt this Period: 100.00  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: Indian Hill Music Occupation: singer/voice teacher  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: 400.00

**B. Ms. Sheila C. Crowell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 376 N. Fullerton Avenue  
 City Montclair State NJ Zip Code 07043  
 Date of Receipt: 04 / 24 / 2013  
 Transaction ID : 3629162  
 Amount of Each Receipt this Period: 750.00  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: SELF employed Occupation: Writer/college app programs  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: 1170.00

**C. Ms. Marilyn J. Crowley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4719 E White Aster St.  
 City Phoenix State AZ Zip Code 85044  
 Date of Receipt: 04 / 23 / 2013  
 Transaction ID : 3629135  
 Amount of Each Receipt this Period: 100.00  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: retired Occupation: retired  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: 225.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 950.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 77 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Pedro M. Cuatrecasas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7912 Entrada De Luz East  
 City San Diego State CA Zip Code 92127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer retired Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 10 / 2013  
**Transaction ID : 3620769**  
 Amount of Each Receipt this Period  
 200.00

**B. Mr. Moyne Cabbage**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 63 Teed Avenue  
 City Barrington State RI Zip Code 02806  
 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 ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 26 / 2013  
**Transaction ID : 3631378**  
 Amount of Each Receipt this Period  
 500.00

**C. Ms. Catherine A. Culver**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Waverly PL  
 City Valhalla State NY Zip Code 10595  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pepsi Co Occupation RESEARCH CHEMIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 08 / 2013  
**Transaction ID : 3619092**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 950.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 78 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Anna M. Curren</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 19 / 2013 <b>Transaction ID : 3626525</b>
Mailing Address 230 W. Laurel St		Amount of Each Receipt this Period 2000.00
City San Diego	State CA	Zip Code 92101
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. Cailie Currin</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 21 / 2013 <b>Transaction ID : 3626682</b>
Mailing Address 427 Dunbar Rd		Amount of Each Receipt this Period 100.00
City Cambridge	State NY	Zip Code 12816
FEC ID number of contributing federal political committee. C		
Name of Employer Currin Compliance Services, LLC	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Cailie Currin</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 29 / 2013 <b>Transaction ID : 3631896</b>
Mailing Address 427 Dunbar Rd		Amount of Each Receipt this Period 100.00
City Cambridge	State NY	Zip Code 12816
FEC ID number of contributing federal political committee. C		
Name of Employer Currin Compliance Services, LLC	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 79 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Mr. Frank A. Daccone**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 725 Fontana Way  
 City Laguna Beach State CA Zip Code 92651  
 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 ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 01 / 2013  
**Transaction ID : 3615478**  
 Amount of Each Receipt this Period  
 150.00

**B. Mr. Robert Dale**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2741 N Salisbury St., Apt. 1305  
 City West Lafayette State IN Zip Code 47906  
 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 ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 22 / 2013  
**Transaction ID : 3627127**  
 Amount of Each Receipt this Period  
 200.00

**C. Mr. Charles E. Dale**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8108 Corte Del Viento NW  
 City Albuquerque State NM Zip Code 87120  
 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 ▼ 325.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 01 / 2013  
**Transaction ID : 3615656**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 80 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Linda Daniel</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2013 <b>Transaction ID : 3632811</b>
Mailing Address 2166 December Court		Amount of Each Receipt this Period 100.00
City Culpeper	State VA	Zip Code 22701
FEC ID number of contributing federal political committee. C	Name of Employer retired	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. Marian Darmstadter, Estate</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 29 / 2013 <b>Transaction ID : 3631848</b>
Mailing Address 1 Summit Street		Amount of Each Receipt this Period 1000.00
City Philadelphia	State PA	Zip Code
FEC ID number of contributing federal political committee. C	Name of Employer Requested	Occupation Requested
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Ronnie Davidson</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 15 / 2013 <b>Transaction ID : 3622184</b>
Mailing Address 46 Florence Lane		Amount of Each Receipt this Period 100.00
City Princeton	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. C	Name of Employer None	Occupation Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 81 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Ms. Doralene Davis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1680 Beaver Hollow Road  
City Norristown State PA Zip Code 19403  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation professional singer, retired  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **04 / 22 / 2013**  
**Transaction ID : 3628317**  
Amount of Each Receipt this Period **100.00**

**B. Ms. Nanette L. Davis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 117 Harvard Street  
City Alexandria State VA Zip Code 22314  
FEC ID number of contributing federal political committee. **C**  
Name of Employer US Dept of Justice Occupation Trial Attorney  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **04 / 15 / 2013**  
**Transaction ID : 3622232**  
Amount of Each Receipt this Period **100.00**

**C. Leah Missbach Day**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1000 W. Washington Blvd. #545  
City Chicago State IL Zip Code 60607  
FEC ID number of contributing federal political committee. **C**  
Name of Employer World Bicycle Relief Occupation Photographer  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **800.00**

Date of Receipt **04 / 19 / 2013**  
**Transaction ID : 3626467**  
Amount of Each Receipt this Period **200.00**

**SUBTOTAL** of Receipts This Page (optional)..... **400.00**  
**TOTAL** This Period (last page this line number only).....

**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 82 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Jane Dean**  
Full Name (Last, First, Middle Initial)  
Mailing Address 450 Center St #450

City Southport	State CT	Zip Code 06890
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt  
04 / 16 / 2013  
**Transaction ID : 3623522**

Amount of Each Receipt this Period  
150.00

**B. Ms. Donna Dediemar**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1316 Albina Ave.

City Berkeley	State CA	Zip Code 94706
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt  
04 / 22 / 2013  
**Transaction ID : 3628345**

Amount of Each Receipt this Period  
250.00

**C. Mr. Michael Dee**  
Full Name (Last, First, Middle Initial)  
Mailing Address 204 Roundtop Rd

City Bernardsville	State NJ	Zip Code 07924
FEC ID number of contributing federal political committee. C		
Name of Employer REQUESTED	Occupation REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Date of Receipt  
04 / 29 / 2013  
**Transaction ID : 3633497**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 83 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Jane E. Dejarnette</b>		Date of Receipt
Mailing Address 6272 Madonna Rd		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
Mechanicsville	VA	23111
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
self	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>	
<input type="checkbox"/> Other (specify) ▼		
		Transaction ID : <b>3629454</b>
		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>

Full Name (Last, First, Middle Initial) <b>B. Ms. Debra Delaney</b>		Date of Receipt
Mailing Address 19290 Hill RD		<input type="text" value="04"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Circleville	OH	43113
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
N/A	HOUSEWIFE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>	
<input type="checkbox"/> Other (specify) ▼		
		Transaction ID : <b>3616999</b>
		Amount of Each Receipt this Period
		<input type="text" value="150.00"/>

Full Name (Last, First, Middle Initial) <b>C. Ms. Virginia C. Dell</b>		Date of Receipt
Mailing Address 3365 Nicolet DR		<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City	State	Zip Code
Green Bay	WI	54311
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Requested	Requested	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>	
<input type="checkbox"/> Other (specify) ▼		
		Transaction ID : <b>3626393</b>
		Amount of Each Receipt this Period
		<input type="text" value="350.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="800.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 84 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Harriet Denison</b>		Date of Receipt
Mailing Address PO Box 29076		<input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code
Portland	OR	97296
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3616482</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Requested	Requested	<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Walter B. Denley</b>		Date of Receipt
Mailing Address 2546 Oakwood Trace		<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City	State	Zip Code
Smyrna	GA	30080
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3617909</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
None	Retired	<input type="text" value="35.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="425.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ms. Walter B. Denley</b>		Date of Receipt
Mailing Address 2546 Oakwood Trace		<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2013"/>
City	State	Zip Code
Smyrna	GA	30080
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3618972</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
None	Retired	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="425.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="5085.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 85 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ms. Walter B. Denley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2546 Oakwood Trace  
 City State Zip Code  
 Smyrna GA 30080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 None Retired  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 13 / 2013  
**Transaction ID : 3621298**  
 Amount of Each Receipt this Period  
 35.00

**B. Ms. Walter B. Denley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2546 Oakwood Trace  
 City State Zip Code  
 Smyrna GA 30080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 None Retired  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 19 / 2013  
**Transaction ID : 3628303**  
 Amount of Each Receipt this Period  
 50.00

**C. Ms. Frances Dennison**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Butler Ave Unit 304  
 City State Zip Code  
 Providence RI 02906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Requested Requested  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 22 / 2013  
**Transaction ID : 3627388**  
 Amount of Each Receipt this Period  
 200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 285.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 86 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. David D. Denton</b>		Date of Receipt
Mailing Address 1637 Fairorchard Av		<input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2013"/>
City	State	Zip Code
San Jose	CA	95125
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3621416</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
LitePoint	Engineer	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Nancy Burns Devierno</b>		Date of Receipt
Mailing Address 9417 Byeforde Rd.		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
Kensington	MD	20895
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3621820</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Cobb Pediatric Therapy Services	SPEECH LANG.PATHOLOGIST	<input type="text" value="150.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ms. Caroline M. Devine</b>		Date of Receipt
Mailing Address 1219 35th Street, N.W.		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code
Washington	DC	20007
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3621703</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Requested	Requested	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="700.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 87 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Prof. Cipa Dichter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 145 Central Park West  
City New York State NY Zip Code 10023  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation concert pianist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
04 / 07 / 2013  
**Transaction ID : 3617856**  
Amount of Each Receipt this Period 25.00

**B. Prof. Cipa Dichter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 145 Central Park West  
City New York State NY Zip Code 10023  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation concert pianist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
04 / 12 / 2013  
**Transaction ID : 3622096**  
Amount of Each Receipt this Period 20.00

**C. Ms. Helen W. Dickey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 222 San Carlos Avenue  
City El Cerrito State CA Zip Code 94530  
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 ▼ 325.00

Date of Receipt  
04 / 22 / 2013  
**Transaction ID : 3628309**  
Amount of Each Receipt this Period 75.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 120.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 88 OF 1350
	<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**

Full Name (Last, First, Middle Initial) <b>A. Myris Dierlich</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 26 / 2013 <b>Transaction ID : 3631647</b>
Mailing Address 2209 18TH ST N		Amount of Each Receipt this Period 300.00
City Arlington	State VA	Zip Code 22201
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00
Name of Employer Requested	Occupation Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Susan Dietz</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 22 / 2013 <b>Transaction ID : 3626926</b>
Mailing Address 3905 Ventura Canyon Avenue		Amount of Each Receipt this Period 250.00
City Sherman Oaks	State CA	Zip Code 91423
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer self	Occupation producer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Starke S. Dillard</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 22 / 2013 <b>Transaction ID : 3627907</b>
Mailing Address 45 Springmoor Dr		Amount of Each Receipt this Period 200.00
City Raleigh	State NC	Zip Code 27615
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 350.00
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 89 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Starke S. Dillard</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 29 / 2013 <b>Transaction ID : 3633579</b>
Mailing Address 45 Springmoor Dr		Amount of Each Receipt this Period 150.00
City Raleigh	State NC	Zip Code 27615
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. Paul Dimond</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2013 <b>Transaction ID : 3632744</b>
Mailing Address 101 N. Main St, 7th Fl		Amount of Each Receipt this Period 250.00
City Ann Arbor	State MI	Zip Code 48104
FEC ID number of contributing federal political committee. C		
Name of Employer Miller Canfield	Occupation counselor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Mary E. Dimperio</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 15 / 2013 <b>Transaction ID : 3622673</b>
Mailing Address 4000 Cathedral Ave NW Apt 106b		Amount of Each Receipt this Period 300.00
City Washington	State DC	Zip Code 20016
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 90 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ms. Estelle Disch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 528 Franklin Street  
 City State Zip Code  
 Cambridge MA 02139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 none none  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3632800**  
 Amount of Each Receipt this Period  
 15.00

**B. Lance Dixon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1504 Maplecrest Drive  
 City State Zip Code  
 Champaign IL 61821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Dixon Graphics Printer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 05 / 2013  
**Transaction ID : 3629165**  
 Amount of Each Receipt this Period  
 100.00

**C. Ms. Barbara B Dixon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27 Barker Avenue  
 Apt. #405  
 City State Zip Code  
 White Plains NY 10601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Purchase College, SUNY University Vice President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2013  
**Transaction ID : 3626763**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1115.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 91 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. John R. Donaldson</b>		Date of Receipt MM / DD / YYYY 04 / 01 / 2013 <b>Transaction ID : 3614642</b>
Mailing Address 4559 N DeWitt		Amount of Each Receipt this Period 350.00
City Fresno	State CA	Zip Code 93727
FEC ID number of contributing federal political committee. C		
Name of Employer none	Occupation none	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. Catherine Donovan</b>		Date of Receipt MM / DD / YYYY 04 / 24 / 2013 <b>Transaction ID : 3629694</b>
Mailing Address 377 High St. #4		Amount of Each Receipt this Period 250.00
City Medford	State MA	Zip Code 02155
FEC ID number of contributing federal political committee. C		
Name of Employer Self employed	Occupation Salary Negotiation Coach	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Nena Donovan Levine</b>		Date of Receipt MM / DD / YYYY 04 / 22 / 2013 <b>Transaction ID : 3628314</b>
Mailing Address 645 Prospect Ave #14		Amount of Each Receipt this Period 100.00
City West Hartford	State CT	Zip Code 06105
FEC ID number of contributing federal political committee. C		
Name of Employer self	Occupation designer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 92 OF 1350
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Emer Dooley</b>		Date of Receipt
Mailing Address 1449 Evergreen Point Road		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code
Medina	WA	98039
FEC ID number of contributing federal political committee.		<b>Transaction ID : 3633074</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
Univ of WA	Lecturer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Eugenie Douglas</b>		Date of Receipt
Mailing Address 8338 Verbena Dr.		<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City	State	Zip Code
Riverside	CA	92504
FEC ID number of contributing federal political committee.		<b>Transaction ID : 3627237</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
None	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ms. Susan R. Dowd</b>		Date of Receipt
Mailing Address 234 Parkman Ave		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code
Pittsburgh	PA	15213
FEC ID number of contributing federal political committee.		<b>Transaction ID : 3621704</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="320.00"/>
Name of Employer	Occupation	
Carnegie Mellon Univ	Chemist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="320.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1420.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 93 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Laraine Downer</b>		Date of Receipt MM / DD / YYYY 04 / 06 / 2013 <b>Transaction ID : 3617707</b>
Mailing Address PO Box 2383		Amount of Each Receipt this Period 75.00
City Santa Rosa	State CA	Zip Code 95405
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 600.00	
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Laraine Downer</b>		Date of Receipt MM / DD / YYYY 04 / 16 / 2013 <b>Transaction ID : 3624664</b>
Mailing Address PO Box 2383		Amount of Each Receipt this Period 75.00
City Santa Rosa	State CA	Zip Code 95405
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 600.00	
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mrs. Beverly Carolan Doyle</b>		Date of Receipt MM / DD / YYYY 04 / 27 / 2013 <b>Transaction ID : 3630996</b>
Mailing Address 211 Great Pond Road		Amount of Each Receipt this Period 100.00
City Simsbury	State CT	Zip Code 06070
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 300.00	
Name of Employer St. Francis Hospital	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 94 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Penelope B. Drooker**  
Full Name (Last, First, Middle Initial)  
Mailing Address 51 Meadow Ln  
City Albany State NY Zip Code 12208  
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 ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 19 / 2013  
**Transaction ID : 3626271**  
Amount of Each Receipt this Period  
250.00

**B. Dr. Ellen C. Dubois**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12322 Idaho Avenue  
City Los Angeles State CA Zip Code 90025  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Requested Occupation Requested  
UCLA Professor  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 11 / 2013  
**Transaction ID : 3620296**  
Amount of Each Receipt this Period  
100.00

**C. Ms. Ann M. Dumenil**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3036 E Montecito Ave  
City Phoenix State AZ Zip Code 85016  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Requested Occupation Requested  
retired/disabled disabled/lawyer  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 12 / 2013  
**Transaction ID : 3620907**  
Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 380.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 95 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Ann M. Dumenil**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3036 E Montecito Ave  
City Phoenix State AZ Zip Code 85016  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: retired/disabled Occupation: disabled/lawyer  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **220.00**

Date of Receipt: 04 / 24 / 2013  
**Transaction ID : 3629800**  
Amount of Each Receipt this Period: 250.00

**B. Ms. Sarah Hawley Dunning**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9239 Hathaway St.  
City Dallas State TX Zip Code 75220  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: The Design Studio Occupation: INTERIOR DESIGNER  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1500.00**

Date of Receipt: 04 / 19 / 2013  
**Transaction ID : 3626332**  
Amount of Each Receipt this Period: 500.00

**C. Ms. Dorothea Dworkin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1729 W Maryland Ave.  
City Phoenix State AZ Zip Code 85015  
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 **350.00**

Date of Receipt: 04 / 16 / 2013  
**Transaction ID : 3623449**  
Amount of Each Receipt this Period: 200.00

**SUBTOTAL** of Receipts This Page (optional)..... **725.00**  
**TOTAL** This Period (last page this line number only).....

**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 96 OF 1350
	<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. Ms. Margaret P. Dwyer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1550 El Camino Real, Apt. 309  
 City Lady Lake State FL Zip Code 32159  
 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 ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 05 / 2013  
**Transaction ID : 3617058**  
 Amount of Each Receipt this Period  
 100.00

**B. Ms. Nancy Eales**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 402 Dutton Mill RD  
 City Malvern State PA Zip Code 19355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Editorial work  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 11 / 2013  
**Transaction ID : 3620411**  
 Amount of Each Receipt this Period  
 250.00

**C. Ms. Janet Eaton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1235 Marriottsville Rd.  
 City Marriottsville State MD Zip Code 21104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer none Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 22 / 2013  
**Transaction ID : 3627150**  
 Amount of Each Receipt this Period  
 200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 97 OF 1350
	<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**

Full Name (Last, First, Middle Initial) <b>A. Ms. Judith H. Edelman</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 21 / 2013 <b>Transaction ID : 3626672</b>
Mailing Address 37 Bwest V12th St.		Amount of Each Receipt this Period 50.00
City New York	State NY	Zip Code 10011
FEC ID number of contributing federal political committee. C		
Name of Employer Edelman Sultan Knox Wood/Architects	Occupation architect	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Kathleen Edwards</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 10 / 2013 <b>Transaction ID : 3620054</b>
Mailing Address 1907 Taylor Ave N, #6		Amount of Each Receipt this Period 250.00
City Seattle	State WA	Zip Code 98109
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Frances M. Edwards</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 15 / 2013 <b>Transaction ID : 3622604</b>
Mailing Address 50 Concord Park East		Amount of Each Receipt this Period 200.00
City Nashville	State TN	Zip Code 37205
FEC ID number of contributing federal political committee. C		
Name of Employer retired	Occupation nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 98 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Juanita Ehrke</b>		Date of Receipt
Mailing Address 224 Knoll CT		<input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>
City Deerfield	State WI	Zip Code 53531
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 3624073</b>
Name of Employer Requested		Amount of Each Receipt this Period
Occupation Requested		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="525.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Ms. Connie Ellerbach</b>		Date of Receipt
Mailing Address PO Box 4841		<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2013"/>
City Foster City	State CA	Zip Code 94404
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 3619094</b>
Name of Employer Fenwick & West		Amount of Each Receipt this Period
Occupation Attorney		<input type="text" value="2000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="2000.00"/>		

Full Name (Last, First, Middle Initial) <b>C. Ms. Susan Emerson</b>		Date of Receipt
Mailing Address 1303 E. Washington St.		<input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City Bloomington	State IL	Zip Code 61701
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 3616741</b>
Name of Employer none		Amount of Each Receipt this Period
Occupation artist		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="400.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="2125.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 99 OF 1350
	<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**

Full Name (Last, First, Middle Initial) <b>A. Mr. Marc D. Emory</b>		Date of Receipt MM / DD / YYYY 04 / 29 / 2013 <b>Transaction ID : 3633081</b>
Mailing Address 5933 Saint Andrews Drive		Amount of Each Receipt this Period 1000.00
City Dallas	State TX	Zip Code 75205
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00
Name of Employer Heritage Capital Corporation	Occupation Director of Overseas Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Andrea English</b>		Date of Receipt MM / DD / YYYY 04 / 29 / 2013 <b>Transaction ID : 3633032</b>
Mailing Address 4724 Shade Tree Ln.		Amount of Each Receipt this Period 100.00
City Santa Rosa	State CA	Zip Code 95405
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ms. Cynthia H. Enloe</b>		Date of Receipt MM / DD / YYYY 04 / 22 / 2013 <b>Transaction ID : 3627392</b>
Mailing Address 113 Richdale Ave Apt. # 37		Amount of Each Receipt this Period 100.00
City Cambridge	State MA	Zip Code 02140
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 225.00
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 100 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Ms. Sally H. Ennis**

Mailing Address 2297 W. Gulf Dr.  
Apt. #2B

City Sanidbel State FL Zip Code 33957

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  
04 / 16 / 2013  
**Transaction ID : 3625456**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Janet J. Epstein**

Mailing Address 415 Hillcrest Rd

City San Mateo State CA Zip Code 94402

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 ▼  
500.00

Date of Receipt  
04 / 09 / 2013  
**Transaction ID : 3618383**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Ms. Sue Errington**

Mailing Address 3200 West Brook Drive

City Muncie State IN Zip Code 47304

FEC ID number of contributing federal political committee. **C**

Name of Employer NA Occupation NA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  
04 / 17 / 2013  
**Transaction ID : 3624008**

Amount of Each Receipt this Period  
85.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 685.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 101 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Jean M. Esswein**  
Full Name (Last, First, Middle Initial)

Mailing Address 1730 Court Petit

City McLean State VA Zip Code 22101

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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 24 / 2013

**Transaction ID : 3629362**

Amount of Each Receipt this Period  
 100.00

**B. Ms. Donna Esteves**  
Full Name (Last, First, Middle Initial)

Mailing Address 77 Yacht Club Dr.

City Lake Hopatcong State NJ Zip Code 07849

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 ▼ 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2013

**Transaction ID : 3618882**

Amount of Each Receipt this Period  
 100.00

**C. Ms. Donna Esteves**  
Full Name (Last, First, Middle Initial)

Mailing Address 77 Yacht Club Dr.

City Lake Hopatcong State NJ Zip Code 07849

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 ▼ 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 16 / 2013

**Transaction ID : 3623516**

Amount of Each Receipt this Period  
 200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 102 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Anne C Ewing</b>		Date of Receipt
Mailing Address 510 East Mt. Pleasant Ave		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City Philadelphia	State PA	Zip Code 19119
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 3621843</b>
Name of Employer REQUESTED		Amount of Each Receipt this Period
Occupation community organizing		<input type="text" value="1500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1500.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Ms. Wendy Farley</b>		Date of Receipt
Mailing Address 1407 Vista Leaf Drive		<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City Decatur	State GA	Zip Code 30033
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 3631966</b>
Name of Employer Emory University		Amount of Each Receipt this Period
Occupation Professor		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Ms. Michele U. Farley</b>		Date of Receipt
Mailing Address 19 Harwich Ln		<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2013"/>
City West Hartford	State CT	Zip Code 06117
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 3618931</b>
Name of Employer None		Amount of Each Receipt this Period
Occupation Retired		<input type="text" value="75.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1675.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 103 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Katherine Farris</b>		Date of Receipt
Mailing Address 811 E Salem Ave		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>
City	State	Zip Code
Indianola	IA	50125
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3625452</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Requested	Requested	<input type="text" value="85.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="340.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Kent Faulkner</b>		Date of Receipt
Mailing Address 2 Clove Road		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Sussex	NJ	07461
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3629121</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Automatic Data Processing	Programmer	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Barbara Faulkner</b>		Date of Receipt
Mailing Address 340 Old Mill Rd. #122		<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City	State	Zip Code
Santa Barbara	CA	93110
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3627141</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
None	Retired	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="285.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 104 OF 1350
	<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. Ms. Phyllis J. Feder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Central Park West  
 Apt. 17f  
 City New York State NY Zip Code 10023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer retired Occupation teacher  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 25 / 2013  
**Transaction ID : 3630547**  
 Amount of Each Receipt this Period  
 250.00

**B. Orelle Feher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13 Huguenot St  
 City New Paltz State NY Zip Code 12561  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer retired Occupation social worker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 18 / 2013  
**Transaction ID : 3624422**  
 Amount of Each Receipt this Period  
 250.00

**C. Ms. Danielle A Feinberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 479 60th St  
 City Oakland State CA Zip Code 94609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer pixar animation studios Occupation director of photography  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2013  
**Transaction ID : 3618032**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 525.00  
**TOTAL** This Period (last page this line number only)..... ▶



**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 105 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Nancy G. Feldman</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2013 <b>Transaction ID : 3629680</b>
Mailing Address 3431 E 67 St.		Amount of Each Receipt this Period 250.00
City Tulsa	State OK	Zip Code 74136
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Jean A. Felton</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 16 / 2013 <b>Transaction ID : 3625448</b>
Mailing Address 657 Happy Valley Road		Amount of Each Receipt this Period 100.00
City Pleasanton	State CA	Zip Code 94566
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Julie Fenster</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 02 / 2013 <b>Transaction ID : 3616098</b>
Mailing Address 302 W 12th St Apt 4g		Amount of Each Receipt this Period 1000.00
City New York	State NY	Zip Code 10014
FEC ID number of contributing federal political committee. C		
Name of Employer Office of Julie R Fenster, LLC	Occupation Lawyer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 106 OF 1350
	<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**

Full Name (Last, First, Middle Initial) <b>A. Ms. Sandra Fernandes</b>		Date of Receipt
Mailing Address 3535 Gillespie St Apt 604		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City Dallas	State TX	Zip Code 75219
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 3628568</b>
Name of Employer REQUESTED		Occupation REQUESTED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	
		Amount of Each Receipt this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>B. Ms. Judith F. Fernandez</b>		Date of Receipt
Mailing Address 1033 Moanakai Road		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>
City Kapa'a	State HI	Zip Code 96746
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 3624660</b>
Name of Employer None		Occupation Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	
		Amount of Each Receipt this Period <input type="text" value="50.00"/>

Full Name (Last, First, Middle Initial) <b>C. Ms. Judith F. Fernandez</b>		Date of Receipt
Mailing Address 1033 Moanakai Road		<input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>
City Kapa'a	State HI	Zip Code 96746
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 3624661</b>
Name of Employer None		Occupation Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	
		Amount of Each Receipt this Period <input type="text" value="50.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1100.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 107 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Ms. Joan M. Ferrante**  
Full Name (Last, First, Middle Initial)  
Mailing Address 440 Riverside Drive  
City New York State NY Zip Code 10027  
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 ▼ 400.00

Date of Receipt 04 / 12 / 2013  
**Transaction ID : 3621134**  
Amount of Each Receipt this Period 500.00

**B. Ms. Ann Cahill Fidanque**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 5917  
City Eugene State OR Zip Code 97405  
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 ▼ 250.00

Date of Receipt 04 / 19 / 2013  
**Transaction ID : 3625734**  
Amount of Each Receipt this Period 250.00

**C. Ms. Adrienne Fields**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3900b Watson PI NW, Apt 1d  
City Washington State DC Zip Code 20016  
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 ▼ 500.00

Date of Receipt 04 / 17 / 2013  
**Transaction ID : 3624038**  
Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 108 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Kathleen Finch**  
Full Name (Last, First, Middle Initial)

Mailing Address 1542 BARRINGTON CT NW

City Atlanta	State GA	Zip Code 30327
-----------------	-------------	-------------------

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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2013

**Transaction ID : 3617478**

Amount of Each Receipt this Period  
250.00

**B. Dr. Robert Fine**  
Full Name (Last, First, Middle Initial)

Mailing Address 3521 Saint Johns Dr.

City Dallas	State TX	Zip Code 75205
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Baylor Health Care System	Occupation physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2013

**Transaction ID : 3616478**

Amount of Each Receipt this Period  
250.00

**C. Mr. John Finsaas**  
Full Name (Last, First, Middle Initial)

Mailing Address 4711 Christian Dr

City Missoula	State MT	Zip Code 59803
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Western NT MHC	Occupation PSYCHIATRIST
------------------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		15		2013

**Transaction ID : 3622870**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 109 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Jacqueline Fischer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15205 Watergate Rd  
 City Silver Spring State MD Zip Code 20905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Naval Research Laboratory Occupation astrophysicist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 03 / 2013  
**Transaction ID : 3616372**  
 Amount of Each Receipt this Period  
 75.00

**B. Mrs. Lillian Fischer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3401 Fort Independence St  
 City Bronx State NY Zip Code 10463  
 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 ▼ 270.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2013  
**Transaction ID : 3630021**  
 Amount of Each Receipt this Period  
 60.00

**C. Mr. James E. Fisher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 144 N Fireweed St Apt 3  
 City Soldotna State AK Zip Code 99669  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation N/A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 24 / 2013  
**Transaction ID : 3629730**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 235.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 110 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial) <b>A. Ms. June Fisher</b>		Date of Receipt
Mailing Address 804 W Summit St		M M M / D D D / Y Y Y Y Y Y 04 / 19 / 2013
City	State	Zip Code
Maquoketa	IA	52060
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 3626063</b>
Name of Employer None		Amount of Each Receipt this Period
Occupation RETIRED		60.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	240.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Aleta Fisher</b>		Date of Receipt
Mailing Address 1166 Lindenwood Drive		M M M / D D D / Y Y Y Y Y Y 04 / 17 / 2013
City	State	Zip Code
Tarpon Springs	FL	34688
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 3624074</b>
Name of Employer Retired		Amount of Each Receipt this Period
Occupation RETIRED		125.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	250.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ms. Susan Fiske</b>		Date of Receipt
Mailing Address 8 Princeton Ave.		M M M / D D D / Y Y Y Y Y Y 04 / 10 / 2013
City	State	Zip Code
Princeton	NJ	08540
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 3620768</b>
Name of Employer Princeton University		Amount of Each Receipt this Period
Occupation professor		75.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	1800.00	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	260.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 111 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dale Fitschen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1019 Clinton Ave  
 City Oak Park State IL Zip Code 60304  
 Date of Receipt 04 / 12 / 2013  
**Transaction ID : 3621061**  
 Amount of Each Receipt this Period 100.00  
 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 ▼ 250.00

**B. Catherine Flanagan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9316 Hamlin Ave  
 City Evanston State IL Zip Code 60203  
 Date of Receipt 04 / 19 / 2013  
**Transaction ID : 3625806**  
 Amount of Each Receipt this Period 150.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Self Employed Occupation CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

**C. Catherine Flanagan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9316 Hamlin Ave  
 City Evanston State IL Zip Code 60203  
 Date of Receipt 04 / 25 / 2013  
**Transaction ID : 3630539**  
 Amount of Each Receipt this Period 150.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Self Employed Occupation CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 112 OF 1350
	<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**

Full Name (Last, First, Middle Initial) <b>A. Ms. Susanna Karney Flaster</b>		Date of Receipt
Mailing Address 6341 Hartley Drive		M M M / D D D / Y Y Y Y Y Y 04 / 19 / 2013
City	State	Zip Code
La Jolla	CA	92037
FEC ID number of contributing federal political committee.	C	<b>Transaction ID : 3626364</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Kairney Management Co	executive	1500.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1500.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Jan L Flora</b>		Date of Receipt
Mailing Address 1902 George Allen Ave.		M M M / D D D / Y Y Y Y Y Y 04 / 22 / 2013
City	State	Zip Code
Ames	IA	50010
FEC ID number of contributing federal political committee.	C	<b>Transaction ID : 3626966</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Iowa State University	sociologist	100.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	215.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Jan L Flora</b>		Date of Receipt
Mailing Address 1902 George Allen Ave.		M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2013
City	State	Zip Code
Ames	IA	50010
FEC ID number of contributing federal political committee.	C	<b>Transaction ID : 3632949</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Iowa State University	sociologist	5.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	215.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1605.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 113 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Marca Jane Floyd</b>		Date of Receipt
Mailing Address 2100 Summerhaven Way		<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2013"/>
City	State	Zip Code
Edmond	OK	73013
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3619115</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Directors,Inc	VOLUNTEER	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="450.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Ms. Marca Jane Floyd</b>		Date of Receipt
Mailing Address 2100 Summerhaven Way		<input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City	State	Zip Code
Edmond	OK	73013
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3625621</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Directors,Inc	VOLUNTEER	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="450.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Ms. Molly F. Foerster</b>		Date of Receipt
Mailing Address 1748 NW Farewell Dr.		<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City	State	Zip Code
Bend	OR	97701
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3619938</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Na	Retired	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 114 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Mrs. Sue Folawn**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10 Crystal Springs Road, #1207

City San Mateo	State CA	Zip Code 94402
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	08	/	2013

**Transaction ID : 3619229**

Amount of Each Receipt this Period  
400.00

**B. Ms. Judith Ford**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4040 Blue Goose Rd.

City West Bend	State WI	Zip Code 53090
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self	Occupation writer
--------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2013

**Transaction ID : 3626630**

Amount of Each Receipt this Period  
50.00

**C. Ms. Ella M. Forsyth**  
Full Name (Last, First, Middle Initial)  
Mailing Address 219 Graham st

City Carlisle	State PA	Zip Code 17013
------------------	-------------	-------------------

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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2013

**Transaction ID : 3630177**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 115 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ms. Sheila Fortune**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1304 8th Street  
 City Boulder State CO Zip Code 80302  
 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 ▼ 563.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2013  
**Transaction ID : 3619565**  
 Amount of Each Receipt this Period  
 250.00

**B. Ms. Sheila Fortune**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1304 8th Street  
 City Boulder State CO Zip Code 80302  
 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 ▼ 563.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 19 / 2013  
**Transaction ID : 3626341**  
 Amount of Each Receipt this Period  
 188.00

**C. Mr. Gregory A Fowler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 390689  
 City Mountain View State CA Zip Code 94039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 11 / 2013  
**Transaction ID : 3620401**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 488.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 116 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**EMILY's List**

**A. Ms. Barbara Frank**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 Oneida Street  
 City State Zip Code  
 Denver CO 80220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N/A Retired  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 18 / 2013  
**Transaction ID : 3624427**  
 Amount of Each Receipt this Period  
 1000.00

**B. Ms. Nancy E Free**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 141 Pierce St. #23  
 City State Zip Code  
 Malden MA 02148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 None Retired  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 13 / 2013  
**Transaction ID : 3621312**  
 Amount of Each Receipt this Period  
 100.00

**C. Ms. Nancy E Free**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 141 Pierce St. #23  
 City State Zip Code  
 Malden MA 02148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 None Retired  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 16 / 2013  
**Transaction ID : 3624653**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1120.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 117 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ms. Nancy E Free**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 141 Pierce St. #23  
 City Malden State MA Zip Code 02148  
 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 ▼ 280.00

Date of Receipt 04 / 25 / 2013  
**Transaction ID : 3629873**  
 Amount of Each Receipt this Period 50.00

**B. Dr. Martha T. Freedman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 77 Essex Court  
 City Bedford State MA Zip Code 01730  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer South Community, Inc. Occupation Psychologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 15 / 2013  
**Transaction ID : 3622602**  
 Amount of Each Receipt this Period 250.00

**C. Ms. Carol J. Freeman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3237 Lyndale Ave. So.  
 City Minneapolis State MN Zip Code 55408  
 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 ▼ 500.00

Date of Receipt 04 / 01 / 2013  
**Transaction ID : 3614765**  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 118 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Mrs. Lucile C. Freeman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4708 Dorset Avenue  
 City Chevy Chase State MD Zip Code 20815  
 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 ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 24 / 2013  
**Transaction ID : 3629648**  
 Amount of Each Receipt this Period  
 100.00

**B. Gargi B. French**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4001 Glacier Hills Dr., Unit 1  
 City Ann Arbor State MI Zip Code 48105  
 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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 19 / 2013  
**Transaction ID : 3625926**  
 Amount of Each Receipt this Period  
 500.00

**C. Ms. Barbara h Fried**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 743 Cooksey Lane  
 City Stanford State CA Zip Code 94305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Stanford Occupation Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2013  
**Transaction ID : 3621797**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 119 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Ms. Brenda S. Fulton**

Mailing Address 1501 Ocean Ave Unit 2511

City State Zip Code  
Asbury Park NJ 07712

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pfizer Marketing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 13 / 2013  
**Transaction ID : 3621261**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Deborah J. Fulton**

Mailing Address 1030 Snake Hill RD

City State Zip Code  
Morgantown WV 26508

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
retired retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 25 / 2013  
**Transaction ID : 3629970**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**C. Ms. Jody Furlong**

Mailing Address 2238 N Dayton St.

City State Zip Code  
Chicago IL 60614

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Volunteer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 07 / 2013  
**Transaction ID : 3618211**

Amount of Each Receipt this Period  
35.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 235.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 120 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Mrs. Shirley A Furst**  
Full Name (Last, First, Middle Initial)

Mailing Address 19800 SW Touchmark Way, #396

City	State	Zip Code
Bend	OR	97702

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
None	Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	06	/	2013

**Transaction ID : 3617704**

Amount of Each Receipt this Period  

50.00	50.00	50.00	50.00	50.00
<b>15.00</b>				

**B. Mrs. Shirley A Furst**  
Full Name (Last, First, Middle Initial)

Mailing Address 19800 SW Touchmark Way, #396

City	State	Zip Code
Bend	OR	97702

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
None	Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2013

**Transaction ID : 3622108**

Amount of Each Receipt this Period  

50.00	50.00	50.00	50.00	50.00
<b>25.00</b>				

**C. Mrs. Shirley A Furst**  
Full Name (Last, First, Middle Initial)

Mailing Address 19800 SW Touchmark Way, #396

City	State	Zip Code
Bend	OR	97702

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
None	Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2013

**Transaction ID : 3628053**

Amount of Each Receipt this Period  

50.00	50.00	50.00	50.00	50.00
<b>10.00</b>				

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>50.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 121 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mrs. Shirley A Furst</b>		Date of Receipt
Mailing Address 19800 SW Touchmark Way, #396		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Bend	OR	97702
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3628810</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
None	Retired	<input type="text" value="10.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="345.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Mrs. Shirley A Furst</b>		Date of Receipt
Mailing Address 19800 SW Touchmark Way, #396		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code
Bend	OR	97702
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3629850</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
None	Retired	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="345.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Mrs. Shirley A Furst</b>		Date of Receipt
Mailing Address 19800 SW Touchmark Way, #396		<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City	State	Zip Code
Bend	OR	97702
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3631313</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
None	Retired	<input type="text" value="10.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="345.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="45.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 122 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ms. Laurel Furumoto**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Indian Cove Rd.  
 City Marion State MA Zip Code 02738  
 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 22 / 2013  
**Transaction ID : 3627373**  
 Amount of Each Receipt this Period  
 300.00

**B. Ms. Grace Gabrielsen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 202 Coconut DR  
 City Indialantic State FL Zip Code 32903  
 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2013  
**Transaction ID : 3624077**  
 Amount of Each Receipt this Period  
 125.00

**C. Kathleen Gaffney , M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 590 Concord Ave  
 City Williston Park State NY Zip Code 11596  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer columbia university Occupation physician/professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2013  
**Transaction ID : 3616549**  
 Amount of Each Receipt this Period  
 150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 575.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 123 OF 1350
	<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. Ms. Sara Gaines**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 895 18th Avenue CT NW  
 City State Zip Code  
 Hickory NC 28601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 REQUESTED REQUESTED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 05 / 2013  
**Transaction ID : 3617261**  
 Amount of Each Receipt this Period  
 100.00

**B. Ms. Sara Gaines**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 895 18th Avenue CT NW  
 City State Zip Code  
 Hickory NC 28601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 REQUESTED REQUESTED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2013  
**Transaction ID : 3628753**  
 Amount of Each Receipt this Period  
 100.00

**C. Ms. Nancy Hult Ganis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1112 Montana Ave. Pmb 544  
 City State Zip Code  
 Santa Monica CA 90403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Out of the Blue Entertainment film/ tv producer  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 22 / 2013  
**Transaction ID : 3627825**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 124 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Carla Garbin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4710 Bay Street NE #112

City St Petersburg	State FL	Zip Code 33703
-----------------------	-------------	-------------------

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 ▼  
400.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	23	/	2013

**Transaction ID : 3629646**

Amount of Each Receipt this Period  
100.00

**B. Michelle Garcia**  
Full Name (Last, First, Middle Initial)  
Mailing Address 219 West Avenue

City Rochester	State NY	Zip Code 14611
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Frederick Douglass Club	Occupation Executive Director
---	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	03	/	2013

**Transaction ID : 3616538**

Amount of Each Receipt this Period  
100.00

**C. Sen. Sylvia R. Garcia**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 8530

City Houston	State TX	Zip Code 77249
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self	Occupation lawyer
--------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	02	/	2013

**Transaction ID : 3634424**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 125 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Adolfo D. Garnica**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22 Ouachita Dr  
 City State Zip Code  
 Maumelle AR 72113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 uams physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 14 / 2013  
**Transaction ID : 3621434**  
 Amount of Each Receipt this Period  
 50.00

**B. Gail Garrow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 306  
 City State Zip Code  
 Captiva FL 33924  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Independent Consultant  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 05 / 2013  
**Transaction ID : 3618051**  
 Amount of Each Receipt this Period  
 60.00

**C. Ms. Leslie A. Geballe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6607 Shoal Creek Blvd.  
 City State Zip Code  
 Austin TX 78757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 REQUESTED REQUESTED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2013  
**Transaction ID : 3618813**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 210.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 126 OF 1350
	<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**

Full Name (Last, First, Middle Initial) <b>A. Mr. Lloyd Geis</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2013 <b>Transaction ID : 3633861</b>
Mailing Address PO Box 1246		Amount of Each Receipt this Period 400.00
City Norman	State OK	Zip Code 73070
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 400.00
Name of Employer None	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. James R. Geiser</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 12 / 2013 <b>Transaction ID : 3622138</b>
Mailing Address 6 Spies Road		Amount of Each Receipt this Period 25.00
City New Paltz	State NY	Zip Code 12561
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 400.00
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. James R. Geiser</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 28 / 2013 <b>Transaction ID : 3631940</b>
Mailing Address 6 Spies Road		Amount of Each Receipt this Period 25.00
City New Paltz	State NY	Zip Code 12561
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 400.00
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 127 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Ms. Genevra Gerhart**

Mailing Address 900 University Street Apt. 17B

City State Zip Code  
Seattle WA 98101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2013  
**Transaction ID : 3633079**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Anne Germanacos**

Mailing Address 830 Clayton St

City State Zip Code  
San Francisco CA 94117

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
self writer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2013  
**Transaction ID : 3617363**

Amount of Each Receipt this Period  
2500.00

Full Name (Last, First, Middle Initial)  
**c. Dr. Beverly J. Gibbs**

Mailing Address PO Box 279

City State Zip Code  
Manchaca TX 78652

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
University of Texas UNIV PROF. ENERTIA

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 22 / 2013  
**Transaction ID : 3627148**

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3625.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 128 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Ms. Sharon Gilbert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 16664  
 City Tucson State AZ Zip Code 85732  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Retired Librarian  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 10 / 2013  
**Transaction ID : 3619894**  
 Amount of Each Receipt this Period  
 50.00

**B. Ms. Janet Gilbert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6185 Franktown Road  
 City Washoe Valley State NV Zip Code 89704  
 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 ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 20 / 2013  
**Transaction ID : 3626635**  
 Amount of Each Receipt this Period  
 100.00

**C. Mr. Edes P. Gilbert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 175 E 79TH St., Apt. 3A  
 City New York State NY Zip Code 10075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 16 / 2013  
**Transaction ID : 3623869**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 129 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Ms. Stacey S. Gillman**

Mailing Address PO Box 2639

City Sarasota State FL Zip Code 34230

FEC ID number of contributing federal political committee. **C**

Name of Employer BayWest Properties Occupation Lawyer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2013  
**Transaction ID : 3618056**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. Dr. Priscilla A Gilman**

Mailing Address 4537 Deer Run

City Evans State GA Zip Code 30809

FEC ID number of contributing federal political committee. **C**

Name of Employer GHSU Occupation Physician/educator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 16 / 2013  
**Transaction ID : 3621860**

Amount of Each Receipt this Period  
150.00

Full Name (Last, First, Middle Initial)  
**C. Sharon Ginsburg**

Mailing Address 1308 Summerland Ave

City Winter Park State FL Zip Code 32789

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Non profit

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2013  
**Transaction ID : 3630988**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 130 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Kathleen G. Givner</b>		Date of Receipt MM / DD / YYYY 04 / 15 / 2013 <b>Transaction ID : 3622509</b>
Mailing Address 2382 Brookshire Lane		Amount of Each Receipt this Period 250.00
City Los Angeles	State CA	Zip Code 90077
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 610.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Kathleen G. Givner</b>		Date of Receipt MM / DD / YYYY 04 / 23 / 2013 <b>Transaction ID : 3630476</b>
Mailing Address 2382 Brookshire Lane		Amount of Each Receipt this Period 250.00
City Los Angeles	State CA	Zip Code 90077
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 610.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Rita P Glassman</b>		Date of Receipt MM / DD / YYYY 04 / 11 / 2013 <b>Transaction ID : 3620367</b>
Mailing Address 13611 Deering Bay Dr. #901		Amount of Each Receipt this Period 1000.00
City Coral Gables	State FL	Zip Code 33158
FEC ID number of contributing federal political committee. C		
Name of Employer Retired No Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 131 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ms. Ruth M. Glotzer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 70 Greylock Road  
 City West Newton State MA Zip Code 02465  
 Date of Receipt 04 / 17 / 2013  
 Transaction ID : 3624656  
 Amount of Each Receipt this Period 25.00  
 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 ▼ 400.00

**B. Ms. Ruth M. Glotzer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 70 Greylock Road  
 City West Newton State MA Zip Code 02465  
 Date of Receipt 04 / 25 / 2013  
 Transaction ID : 3629879  
 Amount of Each Receipt this Period 50.00  
 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 ▼ 400.00

**C. Mrs. Barbara L. Gold**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1625 Old Farm Ln.  
 City York State PA Zip Code 17403  
 Date of Receipt 04 / 18 / 2013  
 Transaction ID : 3625689  
 Amount of Each Receipt this Period 100.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Self Employed Occupation Mfg Rep  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 175.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 132 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Lesley E. Goldberg</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2013 <b>Transaction ID : 3629785</b>
Mailing Address 822 Greenwich St. Apt 2A		Amount of Each Receipt this Period 100.00
City New York	State NY	Zip Code 10014
FEC ID number of contributing federal political committee. C		
Name of Employer JPMorgan Chase Bank, N.A.	Occupation attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Carole T Goldberg</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 25 / 2013 <b>Transaction ID : 3629831</b>
Mailing Address 715 S Brooksvale Rd.		Amount of Each Receipt this Period 100.00
City Cheshire	State CT	Zip Code 06410
FEC ID number of contributing federal political committee. C		
Name of Employer Yale University	Occupation Psychologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Mary L. Goldman</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 08 / 2013 <b>Transaction ID : 3618156</b>
Mailing Address 4107 Pine Street		Amount of Each Receipt this Period 150.00
City Philadelphia	State PA	Zip Code 19104
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 133 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Anne Goldstein**  
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 920

City Belchertown State MA Zip Code 01007

FEC ID number of contributing federal political committee. **C**

Name of Employer WNE University Occupation professor of law

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 27 / 2013**

**Transaction ID : 3631002**

Amount of Each Receipt this Period  
**250.00**

**B. Ms. Ruth Goldston**  
Full Name (Last, First, Middle Initial)

Mailing Address 125 Clover Ln

City Princeton State NJ Zip Code 08540

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation psychologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 22 / 2013**

**Transaction ID : 3628319**

Amount of Each Receipt this Period  
**100.00**

**C. Ms. Idy P. Goodman**  
Full Name (Last, First, Middle Initial)

Mailing Address 9403 N. River Bend Court

City Milwaukee State WI Zip Code 53217

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 ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 01 / 2013**

**Transaction ID : 3615272**

Amount of Each Receipt this Period  
**500.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **850.00**

**TOTAL** This Period (last page this line number only)..... ▶

**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 134 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Susan G. Gordon**  
Full Name (Last, First, Middle Initial)

Mailing Address 3 Cooper Morris Drive

City Pomona State NY Zip Code 10970

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 ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 16 / 2013**

**Transaction ID : 3625447**

Amount of Each Receipt this Period  
**75.00**

**B. Ms. Margery L. Gotshall**  
Full Name (Last, First, Middle Initial)

Mailing Address 1235 Raymond Ave

City Bethlehem State PA Zip Code 18018

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 ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 29 / 2013**

**Transaction ID : 3633426**

Amount of Each Receipt this Period  
**500.00**

**C. Ms. Diana Gould**  
Full Name (Last, First, Middle Initial)

Mailing Address 14709 Bestor Blvd

City Pacific Palisades State CA Zip Code 90272

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation writer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 16 / 2013**

**Transaction ID : 3624733**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **675.00**

**TOTAL** This Period (last page this line number only)..... ▶

**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 135 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Ms. Joan Graham**  
Full Name (Last, First, Middle Initial)

Mailing Address 5023 18th Ave NE

City Seattle State WA Zip Code 98105

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Washington Occupation TEACHER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3633706**

Amount of Each Receipt this Period  
 125.00

**B. Ms. Barbara Gramenos**  
Full Name (Last, First, Middle Initial)

Mailing Address 10221 Donald Weese Ct

City Las Vegas State NV Zip Code 89129

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 ▼ 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2013

**Transaction ID : 3627002**

Amount of Each Receipt this Period  
 100.00

**C. Ms. Catherine E. Grant**  
Full Name (Last, First, Middle Initial)

Mailing Address 2001 Wv Highway 5E

City Glenville State WV Zip Code 26351

FEC ID number of contributing federal political committee. **C**

Name of Employer MHHS, Grantsville WV Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 24 / 2013

**Transaction ID : 3629610**

Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 325.00

**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 136 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ms. Elizabeth Wade Grant**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 750 Weaver Dairy Rd Apt 176  
 City Chapel Hill State NC Zip Code 27514  
 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 ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2013  
**Transaction ID : 3625686**  
 Amount of Each Receipt this Period  
 250.00

**B. Ms. Ruth Grant**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4892 E Royal Dr  
 City Springfield State MO Zip Code 65809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2013  
**Transaction ID : 3630995**  
 Amount of Each Receipt this Period  
 25.00

**C. Ms. Mary W. Graves**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2901 Broderick Street  
 City San Francisco State CA Zip Code 94123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer a Occupation retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2013  
**Transaction ID : 3627242**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1275.00  
**TOTAL** This Period (last page this line number only)..... ▶



**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 137 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Debora Graves</b>		Date of Receipt
Mailing Address 66 Broad Street		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
Guilford	CT	06437
FEC ID number of contributing federal political committee.		Transaction ID : <b>3622179</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="75.00"/>
Name of Employer	Occupation	
Self	Writer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Richard R. Gray</b>		Date of Receipt
Mailing Address 131 Riverside Dr., 1-A		<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City	State	Zip Code
New York	NY	10024
FEC ID number of contributing federal political committee.		Transaction ID : <b>3626291</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
self-employed	Requested	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Christine Green</b>		Date of Receipt
Mailing Address 4505 Dexter Rd		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Ann Arbor	MI	48103
FEC ID number of contributing federal political committee.		Transaction ID : <b>3629150</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Michigan League of Conservation Voters	Development Director	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="575.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 138 OF 1350
	<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. Ms. Sanna Green**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1301 Bannister Drive  
 City Anchorage State AK Zip Code 99508  
 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 ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 18 / 2013  
**Transaction ID : 3624403**  
 Amount of Each Receipt this Period  
 200.00

**B. Ms. Beth S. Green**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 34 Ellington St.  
 City Longmeadow State MA Zip Code 01106  
 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 19 / 2013  
**Transaction ID : 3625769**  
 Amount of Each Receipt this Period  
 225.00

**C. Ms. Sylvia E. Green**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 Harcourt St Apt 7g  
 City Boston State MA Zip Code 02116  
 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3633932**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	675.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 139 OF 1350
	<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. Ms. Zina G. Greene**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3133 Connecticut Ave. NW #1014

City Washington	State DC	Zip Code 20008
--------------------	-------------	-------------------

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 ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2013  
**Transaction ID : 3614645**

Amount of Each Receipt this Period  
 200.00

**B. Ms. Lumina Greenway**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17 Camden Ct

City Wakefield	State RI	Zip Code 02879
-------------------	-------------	-------------------

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 ▼  
490.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 24 / 2013  
**Transaction ID : 3629645**

Amount of Each Receipt this Period  
 60.00

**C. Ms. Penny Greenwood**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 965

City White Salmon	State WA	Zip Code 97239
----------------------	-------------	-------------------

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 ▼  
325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 11 / 2013  
**Transaction ID : 3620564**

Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	285.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 140 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Penny Greenwood</b>		Date of Receipt
Mailing Address PO Box 965		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
White Salmon	WA	97239
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3630747</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
None	Retired	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="325.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Frank Gilbert Gregory</b>		Date of Receipt
Mailing Address 16140 azalea way		<input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code
Los Gatos	CA	95032
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3616781</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
self	physician	<input type="text" value="15.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="310.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Elizabeth Gregory</b>		Date of Receipt
Mailing Address 20 Nanigian Lane		<input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2013"/>
City	State	Zip Code
Paxton	MA	01612
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3621279</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Self Employed	Real Estate	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="215.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="90.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 141 OF 1350
	<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. Elizabeth Gregory**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 Nanigian Lane  
 City Paxton State MA Zip Code 01612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Real Estate  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **215.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2013  
**Transaction ID : 3628968**  
 Amount of Each Receipt this Period  
**250.00**

**B. Donald Grether**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1031 Oxford St  
 City Berkeley State CA Zip Code 94707  
 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 **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2013  
**Transaction ID : 3618553**  
 Amount of Each Receipt this Period  
**250.00**

**C. Ms. Beth Griffin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 266 Merrimon Avenue, # 39  
 City Asheville State NC Zip Code 28801  
 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 **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 16 / 2013  
**Transaction ID : 3625423**  
 Amount of Each Receipt this Period  
**60.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>335.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**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 142 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Irene Grobani</b>		Date of Receipt
Mailing Address 220 DOGWOOD LANE		<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City	State	Zip Code
Hartsdale	NY	10530
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
RETIRED	SOCIAL WORKER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1200.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
		Transaction ID : <b>3631346</b>

Full Name (Last, First, Middle Initial) <b>B. Ms. Margaret Grubbs</b>		Date of Receipt
Mailing Address 1382 Newtown Langhorne Rd. #M-05		<input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City	State	Zip Code
Newtown	PA	18940
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Self Employed	Artist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="125.00"/>
		Transaction ID : <b>3625622</b>

Full Name (Last, First, Middle Initial) <b>c. Ms. Celeste Grynberg</b>		Date of Receipt
Mailing Address 4661 S. Dasa Dr.		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
Cherry Hills Village	CO	80111
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
None	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
		Transaction ID : <b>3622536</b>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="925.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 143 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Ms. Candace Gulkewicz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 45109 Brunswick Drive  
City Canton State MI Zip Code 48187  
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 **500.00**

Date of Receipt **04 / 10 / 2013**  
**Transaction ID : 3619890**  
Amount of Each Receipt this Period **500.00**

**B. Diane Guta**  
Full Name (Last, First, Middle Initial)  
Mailing Address 748 SE Lambert  
City Portland State OR Zip Code 97202  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Mchd Occupation Nurse practitioner  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **04 / 04 / 2013**  
**Transaction ID : 3616779**  
Amount of Each Receipt this Period **75.00**

**C. Katherine Guthrie**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7523 36Th Ave Ne  
City Seattle State WA Zip Code 98115  
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 **250.00**

Date of Receipt **04 / 09 / 2013**  
**Transaction ID : 3618442**  
Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **825.00**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 144 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ms. Ann Marie Habershaw CPA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 77774  
 City Washington State DC Zip Code 20013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Obama for America Occupation COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2013  
**Transaction ID : 3620006**  
 Amount of Each Receipt this Period  
 100.00

**B. Ms. Janet Hadley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 96 Archipelago Drive  
 City Newport Coast State CA Zip Code 92657  
 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 ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 19 / 2013  
**Transaction ID : 3628211**  
 Amount of Each Receipt this Period  
 25.00

**C. Ms. Judith Haecker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 716 N. 57th Ave.  
 City Omaha State NE Zip Code 68132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer retired Occupation retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2013  
**Transaction ID : 3622660**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 145.00  
**TOTAL** This Period (last page this line number only)..... ▶



**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 145 OF 1350
	<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**

Full Name (Last, First, Middle Initial) <b>A. Ms. Karen Hafstrom</b>		Date of Receipt MM / DD / YYYY 04 / 29 / 2013 <b>Transaction ID : 3633072</b>
Mailing Address 555 W Cornelia Ave., Apt. 910		Amount of Each Receipt this Period 300.00
City Chicago	State IL	Zip Code 60657
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer None	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Darlene Hagan</b>		Date of Receipt MM / DD / YYYY 04 / 26 / 2013 <b>Transaction ID : 3630668</b>
Mailing Address 1034 N New Haven		Amount of Each Receipt this Period 100.00
City Mesa	State AZ	Zip Code 85205
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Hunter Hagan & Company, Ltd.	Occupation CPA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C. Frankie Scott Hager</b>		Date of Receipt MM / DD / YYYY 04 / 25 / 2013 <b>Transaction ID : 3629953</b>
Mailing Address 300 Wildwood Dr		Amount of Each Receipt this Period 25.00
City Owensboro	State KY	Zip Code 42303
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer None	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	425.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 146 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**EMILY's List**

**A. Dr. Thomas L. Hall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1515 16th Ave.  
 City San Francisco State CA Zip Code 94122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer none Occupation none  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2013  
**Transaction ID : 3616409**  
 Amount of Each Receipt this Period  
 200.00

**B. Ms. Camille Hall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7175 NW Mountain View Drive  
 City Corvallis State OR Zip Code 97330  
 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2013  
**Transaction ID : 3618900**  
 Amount of Each Receipt this Period  
 150.00

**C. Mrs. Florence F. Hall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2010 Powhatan St  
 City Falls Church State VA Zip Code 22043  
 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 ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2013  
**Transaction ID : 3623309**  
 Amount of Each Receipt this Period  
 200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 147 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Timothy Hall**

Mailing Address 1639 Selby Ave., Apt. E

City Los Angeles      State CA      Zip Code 90024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UCLA psychiatrist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2013  
**Transaction ID : 3622235**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Coke Hallowell**

Mailing Address PO Box 265

City Friant      State CA      Zip Code 93626

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Requested Requested

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 19 / 2013  
**Transaction ID : 3625836**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Ms. Laura W. Hamilton**

Mailing Address 707 Randolph Ave.

City Huntsville      State AL      Zip Code 35801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 02 / 2013  
**Transaction ID : 3615936**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 148 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Wendolyn H. Hamlin-Smith</b>		Date of Receipt
Mailing Address 100 Burnt Bridge Way Apt H		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
Yorktown	VA	23692
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
None	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="650.00"/>	
		Transaction ID : <b>3629853</b>
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>

Full Name (Last, First, Middle Initial) <b>B. Mr. Hartley Hampton</b>		Date of Receipt
Mailing Address 310 Park Laureate Drive		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code
Houston	TX	77024
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Self	Lawyer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	
		Transaction ID : <b>3630498</b>
		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>

Full Name (Last, First, Middle Initial) <b>C. Ms. Carol Hansen</b>		Date of Receipt
Mailing Address 822 Bryant Ave		<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City	State	Zip Code
Winnetka	IL	60093
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
None	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1100.00"/>	
		Transaction ID : <b>3626860</b>
		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1100.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 149 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Ms. Maureen R. Hanson**  
Full Name (Last, First, Middle Initial)

Mailing Address 316 Comstock Rd

City Ithaca State NY Zip Code 14850

FEC ID number of contributing federal political committee. **C**

Name of Employer Cornell University Occupation scientist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
04 / 08 / 2013  
**Transaction ID : 3617361**

Amount of Each Receipt this Period  
100.00

**B. Ms. Jane Harbaugh**  
Full Name (Last, First, Middle Initial)

Mailing Address 720 Maryland Circle

City East Ridge State TN Zip Code 37412

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 ▼ 1000.00

Date of Receipt  
04 / 25 / 2013  
**Transaction ID : 3630030**

Amount of Each Receipt this Period  
1000.00

**c. Ms. George Ann Harding**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 513

City Chappell Hill State TX Zip Code 77426

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 ▼ 1000.00

Date of Receipt  
04 / 11 / 2013  
**Transaction ID : 3620357**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2100.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 150 OF 1350
	<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**

Full Name (Last, First, Middle Initial) <b>A. Ms. Charlotte Harrell</b>		Date of Receipt
Mailing Address PO Box B		M M M / D D D / Y Y Y Y Y Y 04 / 08 / 2013
City	State	Zip Code
Ozona	TX	76943
FEC ID number of contributing federal political committee.		Transaction ID : <b>3619091</b>
FEC ID number: <b>C</b>		Amount of Each Receipt this Period
		250.00
Name of Employer	Occupation	
Self	RANCHING	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	350.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Margaret N. Harrington</b>		Date of Receipt
Mailing Address 750 Lovell Ave		M M M / D D D / Y Y Y Y Y Y 04 / 16 / 2013
City	State	Zip Code
Mill Valley	CA	94941
FEC ID number of contributing federal political committee.		Transaction ID : <b>3625449</b>
FEC ID number: <b>C</b>		Amount of Each Receipt this Period
		100.00
Name of Employer	Occupation	
None	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	650.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Jan Harris</b>		Date of Receipt
Mailing Address 5919 Fredricks Road		M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2013
City	State	Zip Code
Sebastopol	CA	95472
FEC ID number of contributing federal political committee.		Transaction ID : <b>3620558</b>
FEC ID number: <b>C</b>		Amount of Each Receipt this Period
		100.00
Name of Employer	Occupation	
None	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 151 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Tamara Harris</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 15 / 2013 <b>Transaction ID : 3622211</b>
Mailing Address 10175 Sun Star RD		Amount of Each Receipt this Period 200.00
City Monterey	State CA	Zip Code 93940
FEC ID number of contributing federal political committee. C		
Name of Employer none	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Tamara Harris</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 23 / 2013 <b>Transaction ID : 3628934</b>
Mailing Address 10175 Sun Star RD		Amount of Each Receipt this Period 20.00
City Monterey	State CA	Zip Code 93940
FEC ID number of contributing federal political committee. C		
Name of Employer none	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Edward Harris</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 26 / 2013 <b>Transaction ID : 3631466</b>
Mailing Address 22031 Carbon Mesa Rd		Amount of Each Receipt this Period 1000.00
City Malibu	State CA	Zip Code 90265
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Actor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1220.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 152 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Marlene Harryman**  
Full Name (Last, First, Middle Initial)

Mailing Address 3950 Via Dolce Apt. 507

City Marina Del Rey	State CA	Zip Code 90292
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer n/a	Occupation retired
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	19	/	2013

**Transaction ID : 3626180**

Amount of Each Receipt this Period  
100.00

**B. Dr. Hollister Hartman**  
Full Name (Last, First, Middle Initial)

Mailing Address 2944 Naff Road

City Boones Mill	State VA	Zip Code 24065
---------------------	-------------	-------------------

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 ▼  
336.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	05	/	2013

**Transaction ID : 3617471**

Amount of Each Receipt this Period  
84.00

**C. Mr. Ronald Harvey**  
Full Name (Last, First, Middle Initial)

Mailing Address 10550 Golf Rd.

City Orland Park	State IL	Zip Code 60462
---------------------	-------------	-------------------

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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2013

**Transaction ID : 3626995**

Amount of Each Receipt this Period  
200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	384.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 153 OF 1350
	<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**

Full Name (Last, First, Middle Initial)  
**A. Marcia Hastings**

Mailing Address 4548 Island Avenue NE

City State Zip Code  
Bainbridge Island WA 98110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired/volunteer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2013  
**Transaction ID : 3629119**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Sue Hawes**

Mailing Address 506 Yankee Farm RD

City State Zip Code  
Santa Barbara CA 93109

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2013  
**Transaction ID : 3615649**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**C. Ms. Janice M. Hayes**

Mailing Address 1862 Tacoma Ave

City State Zip Code  
Bekeley CA 94707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 25 / 2013  
**Transaction ID : 3629893**

Amount of Each Receipt this Period  
360.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 560.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 154 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mrs. Evan J. Hazard</b>		Date of Receipt
Mailing Address 3119 Apple Tree Ct NW		<input type="text" value="04"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Bemidji	MN	56601
FEC ID number of contributing federal political committee.		<b>Transaction ID : 3617466</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
None	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="280.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mrs. Evan J. Hazard</b>		Date of Receipt
Mailing Address 3119 Apple Tree Ct NW		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>
City	State	Zip Code
Bemidji	MN	56601
FEC ID number of contributing federal political committee.		<b>Transaction ID : 3625406</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="45.00"/>
Name of Employer	Occupation	
None	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="280.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ms. Rowena Heckert</b>		Date of Receipt
Mailing Address 10769 Portugee Phillips Road		<input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City	State	Zip Code
Cheyenne	WY	82009
FEC ID number of contributing federal political committee.		<b>Transaction ID : 3624428</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
None	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1070.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 155 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ms. Joan Hedrick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 41 Home Avenue  
 City Middletown State CT Zip Code 06457  
 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 ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 02 / 2013  
**Transaction ID : 3616448**  
 Amount of Each Receipt this Period  
 250.00

**B. Ms. Margaret A. Hefner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 715 N Price Rd  
 City Olivette State MO Zip Code 63132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Saint Louis University School of Medic Occupation genetic counselor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3632769**  
 Amount of Each Receipt this Period  
 500.00

**C. Mr. Steve Hegeman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1339 Old Oak Lane  
 City Naples State FL Zip Code 34110  
 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 ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 09 / 2013  
**Transaction ID : 3619067**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 156 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Lois Heiser**  
Full Name (Last, First, Middle Initial)

Mailing Address 4661 E. Heritage Woods Road

City Bloomington State IN Zip Code 47401

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 ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 03 / 2013  
**Transaction ID : 3616833**

Amount of Each Receipt this Period  
 100.00

**B. Ms. Catherine Hodgman Helm**  
Full Name (Last, First, Middle Initial)

Mailing Address 227 S Windsor Blvd.

City Los Angeles State CA Zip Code 90004

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation LAWYER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 25 / 2013  
**Transaction ID : 3630238**

Amount of Each Receipt this Period  
 125.00

**C. Roger Helmer**  
Full Name (Last, First, Middle Initial)

Mailing Address POB 210069

City Anchorage State AK Zip Code 99521

FEC ID number of contributing federal political committee. **C**

Name of Employer Alaska Housing Finance Corp. Occupation Supervisor - Housing Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 14 / 2013  
**Transaction ID : 3621486**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 475.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 157 OF 1350
	<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. Ms. Laura Henderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4556 Elm St.  
 City State Zip Code  
 Bellaire TX 77401  
 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 ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2013  
**Transaction ID : 3633310**  
 Amount of Each Receipt this Period  
 250.00

**B. Ms. Ann Chase Hendrie**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 Warren's Point Rd.  
 City State Zip Code  
 Little Compton RI 02837  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Requested Occupation Requested  
 Foundry Bookstore bookseller  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3632728**  
 Amount of Each Receipt this Period  
 50.00

**C. Ms. Sheryl Henley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 404 Park Ridge Ave  
 City State Zip Code  
 Tampa FL 33617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Requested Occupation Requested  
 none none  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 228.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2013  
**Transaction ID : 3614655**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 158 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Sheryl Henley**  
Full Name (Last, First, Middle Initial)

Mailing Address 404 Park Ridge Ave

City Tampa State FL Zip Code 33617

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation none

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
228.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 24 / 2013  
**Transaction ID : 3629205**

Amount of Each Receipt this Period  
 128.00

**B. Ms. Paula T. Herd**  
Full Name (Last, First, Middle Initial)

Mailing Address 4662 Rockcliff Rd

City Austin State TX Zip Code 78746

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation none

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 19 / 2013  
**Transaction ID : 3626264**

Amount of Each Receipt this Period  
 500.00

**C. Ms. Doreen Hermelin**  
Full Name (Last, First, Middle Initial)

Mailing Address 31500 Bingham Road

City Bingham Farms State MI Zip Code 48025

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation INVESTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 08 / 2013  
**Transaction ID : 3617358**

Amount of Each Receipt this Period  
 350.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	978.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 159 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Mr. Robert Hexter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12626 Cedar Rd.  
City Cleveland State OH Zip Code 44106  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **04 / 09 / 2013**  
**Transaction ID : 3619824**  
Amount of Each Receipt this Period **100.00**

**B. Dr. Eugene A. Hildreth**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2000 Cambridge Ave Apt 129 Apt. 129  
City Reading State PA Zip Code 19610  
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 **300.00**

Date of Receipt **04 / 19 / 2013**  
**Transaction ID : 3625913**  
Amount of Each Receipt this Period **300.00**

**C. Ms. Michal Hillman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2898 Sequoyah DR NW  
City Atlanta State GA Zip Code 30327  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Community Volunteer  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 09 / 2013**  
**Transaction ID : 3620186**  
Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **650.00**  
**TOTAL** This Period (last page this line number only).....

**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 160 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Ms. Jennifer A. Hillman**  
Full Name (Last, First, Middle Initial)

Mailing Address 4719 Sedgwick St, NW

City Washington State DC Zip Code 20016

FEC ID number of contributing federal political committee. **C**

Name of Employer World Trade Organization Occupation lawyer/judge

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 05 / 2013**

**Transaction ID : 3618057**

Amount of Each Receipt this Period  
**100.00**

**B. Mr. David R. Hirst**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 898

City Tacoma State WA Zip Code 98401

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 23 / 2013**

**Transaction ID : 3628998**

Amount of Each Receipt this Period  
**25.00**

**C. Mr. John L. Hjelt**  
Full Name (Last, First, Middle Initial)

Mailing Address 661 Nepenthe Rd.

City Ashland State OR Zip Code 97520

FEC ID number of contributing federal political committee. **C**

Name of Employer Part time peace building consultant Occupation semi retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 05 / 2013**

**Transaction ID : 3617210**

Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>375.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 161 OF 1350
	<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. Dr. Marie H. Hobart**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 Brattle Street  
 City Worcester State MA Zip Code 01606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UMassMemorial Health Care Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3634199**  
 Amount of Each Receipt this Period  
 80.00

**B. Mr. Robert R. Hodges**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7401 Yorktown  
 City Huntington Beach State CA Zip Code 92648  
 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 25 / 2013  
**Transaction ID : 3630035**  
 Amount of Each Receipt this Period  
 100.00

**C. Miriam Hoffman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 221 Piermont Ave  
 City Nyack State NY Zip Code 10960  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United Hospice of Rockland Occupation social worker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 05 / 2013  
**Transaction ID : 3617132**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	430.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 162 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Miriam Hoffman</b>		Date of Receipt
Mailing Address 221 Piermont Ave		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>
City	State	Zip Code
Nyack	NY	10960
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3622271</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
United Hospice of Rockland	social worker	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="550.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Mr. Arnold Holden</b>		Date of Receipt
Mailing Address 5958 Roseto PL		<input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>
City	State	Zip Code
Sarasota	FL	34238
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3624071</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
REQUESTED	REQUESTED	<input type="text" value="125.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Mr. Richard D. Holland</b>		Date of Receipt
Mailing Address 1501 S 80th St		<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City	State	Zip Code
Omaha	NE	68124
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3626292</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Requested	Requested	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="925.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 163 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Margaret E. Holland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 42350 NW Blossom Lane  
 City Banks State OR Zip Code 97106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State of Alaska Occupation retired planner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 18 / 2013  
**Transaction ID : 3624424**  
 Amount of Each Receipt this Period  
 100.00

**B. Mrs. Marie M. Holliday**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3091 Ridge Ave  
 City Macon State GA Zip Code 31204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Holliday Dental Assoc. Occupation Business Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 25 / 2013  
**Transaction ID : 3630472**  
 Amount of Each Receipt this Period  
 250.00

**C. Miss Caroline S. Hollins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1605 Enterprise Blvd.  
 City Lake Charles State LA Zip Code 70601  
 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 ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2013  
**Transaction ID : 3617340**  
 Amount of Each Receipt this Period  
 75.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	425.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 164 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Miss Caroline S. Hollins</b>		Date of Receipt MM / DD / YYYY 04 / 26 / 2013 <b>Transaction ID : 3631407</b>
Mailing Address 1605 Enterprise Blvd.		Amount of Each Receipt this Period 200.00
City Lake Charles	State LA	Zip Code 70601
FEC ID number of contributing federal political committee. C	Name of Employer None	Occupation Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Peggy Holman</b>		Date of Receipt MM / DD / YYYY 04 / 08 / 2013 <b>Transaction ID : 3619339</b>
Mailing Address 15347 Se 49Th PI		Amount of Each Receipt this Period 150.00
City Bellevue	State WA	Zip Code 98006
FEC ID number of contributing federal political committee. C	Name of Employer The Open Circle Company	Occupation consultant
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Judy G. Honig</b>		Date of Receipt MM / DD / YYYY 04 / 23 / 2013 <b>Transaction ID : 3629156</b>
Mailing Address 9911 De Paul Drive		Amount of Each Receipt this Period 1000.00
City Bethesda	State MD	Zip Code 20817
FEC ID number of contributing federal political committee. C	Name of Employer Lapine Group	Occupation Consultant
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 165 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Adra B. Hooks**  
Full Name (Last, First, Middle Initial)  
Mailing Address P O Box 66533

City Houston	State TX	Zip Code 77266
FEC ID number of contributing federal political committee. C		
Name of Employer Creely Law Firm PLLC	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 23 / 2013  
**Transaction ID : 3629083**

Amount of Each Receipt this Period  
50.00

**B. Ms. Martha Hoopes**  
Full Name (Last, First, Middle Initial)  
Mailing Address 74 Garfield Avenue

City Easthampton	State MA	Zip Code 01027
FEC ID number of contributing federal political committee. C		
Name of Employer Mount Holyoke College	Occupation professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 15 / 2013  
**Transaction ID : 3623121**

Amount of Each Receipt this Period  
250.00

**C. Ms. Judy Hopelain**  
Full Name (Last, First, Middle Initial)  
Mailing Address 323 Molino Ave.

City Mill Valley	State CA	Zip Code 94941
FEC ID number of contributing federal political committee. C		
Name of Employer Prophet Brand Strategy	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 24 / 2013  
**Transaction ID : 3629369**

Amount of Each Receipt this Period  
125.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	425.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 166 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Mrs. Winifred Hoppert**  
Full Name (Last, First, Middle Initial)

Mailing Address 815 12th St

City Windom State MN Zip Code 56101

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 ▼ 250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 08 / 2013

**Transaction ID : 3619090**

Amount of Each Receipt this Period  
250.00

**B. Chiyo Horiuchi**  
Full Name (Last, First, Middle Initial)

Mailing Address 80 S Quebec Way

City Denver State CO Zip Code 80230

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 ▼ 500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 09 / 2013

**Transaction ID : 3618803**

Amount of Each Receipt this Period  
500.00

**C. Ms. Janice Horn**  
Full Name (Last, First, Middle Initial)

Mailing Address 32 Barber St

City Clarion State PA Zip Code 16214

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 ▼ 430.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 01 / 2013

**Transaction ID : 3614641**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 167 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ms. Janice Horn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32 Barber St  
 City Clarion State PA Zip Code 16214  
 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 ▼ 430.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 16 / 2013  
**Transaction ID : 3625312**  
 Amount of Each Receipt this Period  
 20.00

**B. Ms. Janice Horn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32 Barber St  
 City Clarion State PA Zip Code 16214  
 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 ▼ 430.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 20 / 2013  
**Transaction ID : 3626615**  
 Amount of Each Receipt this Period  
 25.00

**C. Ms. Jackie C. Horne**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Harris Street  
 City Cambridge State MA Zip Code 02140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation writer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 12 / 2013  
**Transaction ID : 3620842**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 145.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 168 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Michelle H. Horowitz</b>		Date of Receipt
Mailing Address 1015 Poplar Drive		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>
City	State	Zip Code
Falls Church	VA	22046
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>3623867</b>
U-Store Mgmt	Requested	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	<input type="text" value="250.00"/>
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Chris Horwitz</b>		Date of Receipt
Mailing Address 2200 Beechwood Blvd		<input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2013"/>
City	State	Zip Code
Pittsburgh	PA	15217
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>3622111</b>
electrogrip	ceo	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="230.00"/>	<input type="text" value="25.00"/>
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ms. Nancy Howard</b>		Date of Receipt
Mailing Address 3644 Meridian Ave. N.		<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2013"/>
City	State	Zip Code
Seattle	WA	98103
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>3618888</b>
Seattle Public Schools	Teacher-Librarian	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	<input type="text" value="250.00"/>
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="525.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



**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 169 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Dale M. Howey</b>		Date of Receipt
Mailing Address 991 Parker Ave		<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2013"/>
City	State	Zip Code
Roseville	MN	55113
FEC ID number of contributing federal political committee.		<b>Transaction ID : 3629174</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
Self	Real Estate	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Unison Hubbard</b>		Date of Receipt
Mailing Address 4220 Southpark Bluff DR		<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City	State	Zip Code
Anchorage	AK	99516
FEC ID number of contributing federal political committee.		<b>Transaction ID : 3626385</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="125.00"/>
Name of Employer	Occupation	
None	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. Mark Hubelbank</b>		Date of Receipt
Mailing Address 167 Maynard Rd		<input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>
City	State	Zip Code
Sudbury	MA	01776
FEC ID number of contributing federal political committee.		<b>Transaction ID : 3624505</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
NorthEast Monitoring	Engineer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="275.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 170 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Christine Huber</b>		Date of Receipt
Mailing Address 1212 Hill St		<input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City State Zip Code Durham NC 27707		<b>Transaction ID : 3624423</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Name of Employer REQUESTED	Occupation REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Ms. Cynthia P. Hubiak</b>		Date of Receipt
Mailing Address P. O. Box 61041		<input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2013"/>
City State Zip Code Phoenix AZ 85082		<b>Transaction ID : 3621245</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer Arizona Society of CPAs	Occupation CPA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Dr. Charles Huffine</b>		Date of Receipt
Mailing Address 3123 Fairview Ave. E.		<input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2013"/>
City State Zip Code Seattle WA 98102		<b>Transaction ID : 3621277</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer self	Occupation psychiatrist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="350.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1350.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 171 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Dorothy Hunt</b>		Date of Receipt
Mailing Address 205 Wintonbury Ave.		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
Bloomfield	CT	06002
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3622711</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Hartford Artisan Weaving	WEAVER	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Ms. Sandra S. Hurlbutt</b>		Date of Receipt
Mailing Address 416 Bartlett St.		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code
Lansing	MI	48915
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3629952</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
REQUESTED	REQUESTED	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Mr. John F. Hy</b>		Date of Receipt
Mailing Address 32265 Judilane St.		<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City	State	Zip Code
Roseville	MI	48066
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3626039</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
REQUESTED	REQUESTED	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="325.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="550.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 172 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. George-Ann Hyams</b>		Date of Receipt
Mailing Address 627 San Lorenzo St.		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
Santa Monica	CA	90402
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3629536</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
George Spota Productions, Inc.	Poducer/Alzheimer Advocacy	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="4000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Ms. Jeanette W. Hyde</b>		Date of Receipt
Mailing Address 2405 Glenwood Avenue		<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2013"/>
City	State	Zip Code
Raleigh	NC	27608
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3620366</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
US Government	US Ambassador	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Ms. Gisa Indenbaum</b>		Date of Receipt
Mailing Address 41 West 86th Street, #12E		<input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City	State	Zip Code
New York	NY	10024
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3624579</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
retired	psychologist	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="2100.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 173 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Ann L. Ingram</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2013 <b>Transaction ID : 3632918</b>
Mailing Address 5213 Linnean Ave NW		Amount of Each Receipt this Period 250.00
City Washington	State DC	Zip Code 20015
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. John K. Inman</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 04 / 2013 <b>Transaction ID : 3617000</b>
Mailing Address 9200 Wadsworth Dr.		Amount of Each Receipt this Period 100.00
City Bethesda	State MD	Zip Code 20817
FEC ID number of contributing federal political committee. C		
Name of Employer Retired	Occupation chemist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Margaret Jean Intons-Peterson</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 13 / 2013 <b>Transaction ID : 3621338</b>
Mailing Address 2200 E. Maxwell Lane		Amount of Each Receipt this Period 15.00
City Bloomington	State IN	Zip Code 47401
FEC ID number of contributing federal political committee. C		
Name of Employer none	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 305.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	365.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 174 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Amy Isseroff**  
Full Name (Last, First, Middle Initial)

Mailing Address 15 Lewis Rd

City Irvington State NY Zip Code 10533

FEC ID number of contributing federal political committee. **C**

Name of Employer wachtell, lipton, rosen & katz Occupation attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3632723**

Amount of Each Receipt this Period  
 50.00

**B. Ms. Audrey Jackson**  
Full Name (Last, First, Middle Initial)

Mailing Address 2381 Benjamin Ct

City Rocklin State CA Zip Code 95765

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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 24 / 2013  
**Transaction ID : 3629216**

Amount of Each Receipt this Period  
 200.00

**C. Ms. Eva Jacobs**  
Full Name (Last, First, Middle Initial)

Mailing Address 4620 N Park Ave # 1104

City Chevy Chase State MD Zip Code 20815

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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2013  
**Transaction ID : 3630373**

Amount of Each Receipt this Period  
 150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 175 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Ellen Jacobsen</b>		Date of Receipt MM / DD / YYYY 04 / 24 / 2013 <b>Transaction ID : 3629820</b>
Mailing Address 3604 S. Vine St		Amount of Each Receipt this Period 75.00
City Urbana	State IL	Zip Code 61802
FEC ID number of contributing federal political committee. C	Name of Employer self	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Elizabeth Jameson</b>		Date of Receipt MM / DD / YYYY 04 / 13 / 2013 <b>Transaction ID : 3622161</b>
Mailing Address 5312 Veronica PI NW		Amount of Each Receipt this Period 36.00
City Calgary	State AB	Zip Code T3A 0
FEC ID number of contributing federal political committee. C	Name of Employer University of Calgary	Occupation Professor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Elizabeth Jameson</b>		Date of Receipt MM / DD / YYYY 04 / 23 / 2013 <b>Transaction ID : 3629062</b>
Mailing Address 5312 Veronica PI NW		Amount of Each Receipt this Period 36.00
City Calgary	State AB	Zip Code T3A 0
FEC ID number of contributing federal political committee. C	Name of Employer University of Calgary	Occupation Professor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	147.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 176 OF 1350
	<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. Ms. Marla D Jensen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1945 Silverleaf Circle  
 City Carlsbad State CA Zip Code 92009  
 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 ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 16 / 2013  
**Transaction ID : 3621854**  
 Amount of Each Receipt this Period  
 250.00

**B. Ms. Julie Jensen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 152  
 City Haverford State PA Zip Code 19041  
 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 ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 23 / 2013  
**Transaction ID : 3628455**  
 Amount of Each Receipt this Period  
 1000.00

**C. Dr. Theodore Jentsch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 Reinert DR  
 City Topton State PA Zip Code 19562  
 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 ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 15 / 2013  
**Transaction ID : 3622716**  
 Amount of Each Receipt this Period  
 125.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1375.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 177 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Ms. Joan C. Jewett**  
Full Name (Last, First, Middle Initial)

Mailing Address 1421a Rolling Glen Dr

City Boothwyn State PA Zip Code 19061

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 ▼  
240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 16 / 2013

**Transaction ID : 3624659**

Amount of Each Receipt this Period  
60.00

**B. Ms. Helen Joerger**  
Full Name (Last, First, Middle Initial)

Mailing Address 99 Francisco Ave.

City Rutherford State NJ Zip Code 07070

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation MEDICAL TECHNOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 18 / 2013

**Transaction ID : 3625501**

Amount of Each Receipt this Period  
125.00

**C. Dr. Daniel F Johnson**  
Full Name (Last, First, Middle Initial)

Mailing Address 3652 Tamarack Lane

City Eau Claire State WI Zip Code 54701

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 ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 12 / 2013

**Transaction ID : 3621055**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	435.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 178 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Ms. Beverly D. Johnson</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 19 / 2013 <b>Transaction ID : 3626514</b>
Mailing Address 124 Corporate Terrace #16B		Amount of Each Receipt this Period 40.00
City Hot Springs	State AR	Zip Code 71913
FEC ID number of contributing federal political committee. C	Name of Employer None	
Occupation Retired		Aggregate Year-to-Date ▼ 210.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Sandra K. Johnson</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 12 / 2013 <b>Transaction ID : 3622180</b>
Mailing Address 6827 Rosemary Lane		Amount of Each Receipt this Period 80.00
City Charlotte	State NC	Zip Code 28210
FEC ID number of contributing federal political committee. C	Name of Employer Plastic Labelling, LLC	
Occupation Manager		Aggregate Year-to-Date ▼ 520.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Carolyn Johnson</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 11 / 2013 <b>Transaction ID : 3620364</b>
Mailing Address 3350 Old Oak Drive		Amount of Each Receipt this Period 250.00
City Sarasota	State FL	Zip Code 34239
FEC ID number of contributing federal political committee. C	Name of Employer Requested	
Occupation Requested		Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	370.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 179 OF 1350
	<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**

Full Name (Last, First, Middle Initial)  
**A. Ms. Joan D. Johnson**

Mailing Address 3341 Balzac St

City Alhambra	State CA	Zip Code 91803
------------------	-------------	-------------------

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 ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 26 / 2013  
**Transaction ID : 3631796**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Elizabeth Jones**

Mailing Address 12 Drake Ln

City Scarborough	State ME	Zip Code 04074
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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 ▼  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 01 / 2013  
**Transaction ID : 3615705**

Amount of Each Receipt this Period  
300.00

Full Name (Last, First, Middle Initial)  
**C. Ms. Marilyn S. Jones**

Mailing Address 6036 Briggs Lake Dr.

City Brighton	State MI	Zip Code 48116
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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 ▼  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 15 / 2013  
**Transaction ID : 3622608**

Amount of Each Receipt this Period  
150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	950.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 180 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Ms. Marjorie Jones**

Mailing Address 819 Fairlington DR

City State Zip Code  
Lakeland FL 33813

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired HOMEMAKER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 13 / 2013  
**Transaction ID : 3622187**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. Mary Braxton Joseph**

Mailing Address 60140 Davie

City State Zip Code  
Chapel Hill NC 27517

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-employed Media Consultant

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 12 / 2013  
**Transaction ID : 3620799**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**C. Julia Farwell-Clay Julia**

Mailing Address 203 High st

City State Zip Code  
Newburyport MA 01950

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Requested Requested

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2013  
**Transaction ID : 3616309**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 181 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Ms. Andra Jurist**  
Full Name (Last, First, Middle Initial)  
Mailing Address 99 Walnut St., #402

City Chattanooga	State TN	Zip Code 37403
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer penn state	Occupation retired educator
--------------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	18	/	2013

**Transaction ID : 3624387**

Amount of Each Receipt this Period  
250.00

**B. Linda Kachel**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15088 Encanto Drive

City Sherman Oaks	State CA	Zip Code 91403
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer David A. Katz & Associates	Occupation Attorney
--	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2013

**Transaction ID : 3624365**

Amount of Each Receipt this Period  
250.00

**C. Donna Kahn**  
Full Name (Last, First, Middle Initial)  
Mailing Address 726 Wolf Hill Rd

City Hillsdale	State NY	Zip Code 12529
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FEC ID number of contributing federal political committee. **C**

Name of Employer retired	Occupation attorney
-----------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	05	/	2013

**Transaction ID : 3618320**

Amount of Each Receipt this Period  
75.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	575.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 182 OF 1350
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Joyce Ellen Kaiser</b>		Date of Receipt
Mailing Address 2 Grove Isle Dr Apt 1809		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City State Zip Code Coconut Grove FL 33133		<b>Transaction ID : 3633614</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer Requested Occupation	ARTIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Prof. Elaine Kant</b>		Date of Receipt
Mailing Address 7600 Vallefy Dale Drive		<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2013"/>
City State Zip Code Austin TX 78731		<b>Transaction ID : 3615781</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer Requested Occupation	computer scientist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Ms. Ann Kaslow</b>		Date of Receipt
Mailing Address 1025 E 16TH Street		<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2013"/>
City State Zip Code Brooklyn NY 11230		<b>Transaction ID : 3620646</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer Requested Occupation	Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="225.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="525.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 183 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Ms. Ann Kaslow</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 16 / 2013 <b>Transaction ID : 3625430</b>
Mailing Address 1025 E 16TH Street		Amount of Each Receipt this Period 50.00
City Brooklyn	State NY	Zip Code 11230
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Kim A. Kastens</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 01 / 2013 <b>Transaction ID : 3615634</b>
Mailing Address 294 Pope Rd		Amount of Each Receipt this Period 250.00
City Concord	State MA	Zip Code 01742
FEC ID number of contributing federal political committee. C		
Name of Employer EDC	Occupation SCIENTIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Jane Frank Katcher</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 08 / 2013 <b>Transaction ID : 3619397</b>
Mailing Address 4197 South Douglas Road		Amount of Each Receipt this Period 1000.00
City Miami	State FL	Zip Code 33133
FEC ID number of contributing federal political committee. C		
Name of Employer Mellon United National Bank	Occupation Banker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 184 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Gesa Kearney-Clark</b>		Date of Receipt
Mailing Address 3535 Manchester Ave. #L311		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City Cardiff	State CA	Zip Code 92007
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3629215</b>
Name of Employer None	Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Mr. Jesse W. Kehres</b>		Date of Receipt
Mailing Address 8 CLASSIC CIR		<input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>
City Madison	State WI	Zip Code 53719
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3623995</b>
Name of Employer REQUESTED	Occupation REQUESTED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="20.00"/>
	<input type="text" value="280.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Ms. Sally Keil</b>		Date of Receipt
Mailing Address 1219 Route 171		<input type="text" value="04"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City Woodstock	State CT	Zip Code 06281
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3616697</b>
Name of Employer AcquiData, Inc.	Occupation president	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
	<input type="text" value="2000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1270.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



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

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

FOR LINE NUMBER: PAGE 185 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ms. Jacqueline B. Kelly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 904 W. 30th Street  
 City Austin State TX Zip Code 78705  
 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 ▼ 1050.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 13 / 2013  
**Transaction ID : 3621270**  
 Amount of Each Receipt this Period  
 100.00

**B. Ms. Jacqueline B. Kelly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 904 W. 30th Street  
 City Austin State TX Zip Code 78705  
 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 ▼ 1050.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 16 / 2013  
**Transaction ID : 3624564**  
 Amount of Each Receipt this Period  
 100.00

**C. Ms. Miriam Kelm**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1251 St. Johns Ave.  
 City Highland Park State IL Zip Code 60035  
 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 ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 13 / 2013  
**Transaction ID : 3621329**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 186 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Angela Kelsey</b>		Date of Receipt
Mailing Address 1399 NE 104 St		<input type="text" value="04"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Miami Shores	FL	33138
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
the kelsey group, inc.	real estate developer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	
		Transaction ID : <b>3618091</b>
		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>

Full Name (Last, First, Middle Initial) <b>B. Ms. Angela Kelsey</b>		Date of Receipt
Mailing Address 1399 NE 104 St		<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City	State	Zip Code
Miami Shores	FL	33138
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
the kelsey group, inc.	real estate developer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	
		Transaction ID : <b>3618090</b>
		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>

Full Name (Last, First, Middle Initial) <b>C. Mr. Jason Kemp</b>		Date of Receipt
Mailing Address 16 Azalea Lane		<input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>
City	State	Zip Code
Old Lyme	CT	06371
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
State of Connecticut	Judicial Branch Employee	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="490.00"/>	
		Transaction ID : <b>3624531</b>
		Amount of Each Receipt this Period
		<input type="text" value="35.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="135.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 187 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Miss Mary Jo Kenny</b>		Date of Receipt
Mailing Address 1310 S Pebble Beach DR		<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Crescent City	CA	95531
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : 3615273</b>
REQUESTED	REQUESTED	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	<input type="text" value="250.00"/>
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Amie L Kershner</b>		Date of Receipt
Mailing Address 3114 E. Baltimore St.		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>
City	State	Zip Code
Washington	DC	20003
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : 3621857</b>
DSCC	Director	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	<input type="text" value="250.00"/>
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. Norman C. Keul</b>		Date of Receipt
Mailing Address 1025 Dacian Ave		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>
City	State	Zip Code
Durham	NC	27701
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : 3625424</b>
Duke University	Dean	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="280.00"/>	<input type="text" value="70.00"/>
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="570.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 188 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Barbara S. Kilby**  
Full Name (Last, First, Middle Initial)

Mailing Address 9208 Rose Anne Place

City Gaithersburg State MD Zip Code 20877

FEC ID number of contributing federal political committee. **C**

Name of Employer Constance L. Meck Occupation Cert. Pub. Acct.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 15 / 2013**

**Transaction ID : 3623186**

Amount of Each Receipt this Period  
**200.00**

**B. Dr. Thomas Killip**  
Full Name (Last, First, Middle Initial)

Mailing Address 500 E 83rd St Apt 21e

City New York State NY Zip Code 10028

FEC ID number of contributing federal political committee. **C**

Name of Employer REQUESTED Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 16 / 2013**

**Transaction ID : 3623514**

Amount of Each Receipt this Period  
**225.00**

**C. Ms. Anne Kimball**  
Full Name (Last, First, Middle Initial)

Mailing Address 14890 David Drive

City Fort Myers State FL Zip Code 33908

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 ▼ **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 08 / 2013**

**Transaction ID : 3618042**

Amount of Each Receipt this Period  
**150.00**

**SUBTOTAL** of Receipts This Page (optional)..... **575.00**

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

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

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

FOR LINE NUMBER: PAGE 189 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ms. Anne Kimball**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14890 David Drive  
 City State Zip Code  
 Fort Myers FL 33908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 None Retired  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 24 / 2013  
**Transaction ID : 3629647**  
 Amount of Each Receipt this Period  
 100.00

**B. Sharon Kind**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1330 Old Ford Road  
 City State Zip Code  
 Huntingdon Valley PA 19006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 self yoga/qigong teacher  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 18 / 2013  
**Transaction ID : 3624735**  
 Amount of Each Receipt this Period  
 500.00

**C. Ms. Susan Kinder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2221 Oliver Avenue S.  
 City State Zip Code  
 Minneapolis MN 55405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 None Retired  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 12 / 2013  
**Transaction ID : 3621037**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 190 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Ms. Jane King</b>		Date of Receipt
Mailing Address 431 Sawgrass Hill Ct		M M M / D D D / Y Y Y Y Y Y 04 / 13 / 2013
City	State	Zip Code
Cary	NC	27519
FEC ID number of contributing federal political committee.	C	<b>Transaction ID : 3621397</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Freedom Mortgage Corporation	Mortgage Banker	100.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	600.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Jane King</b>		Date of Receipt
Mailing Address 431 Sawgrass Hill Ct		M M M / D D D / Y Y Y Y Y Y 04 / 18 / 2013
City	State	Zip Code
Cary	NC	27519
FEC ID number of contributing federal political committee.	C	<b>Transaction ID : 3624383</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Freedom Mortgage Corporation	Mortgage Banker	200.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	600.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Elizabeth H. Kinney</b>		Date of Receipt
Mailing Address 920 E Deerpath Rd		M M M / D D D / Y Y Y Y Y Y 04 / 15 / 2013
City	State	Zip Code
Lake Forest	IL	60045
FEC ID number of contributing federal political committee.	C	<b>Transaction ID : 3622189</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
None	None	250.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 191 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Patricia G. Kinsman</b>		Date of Receipt
Mailing Address 11671 N Europa Pl		<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2013"/>
City	State	Zip Code
Oro Valley	AZ	85737
FEC ID number of contributing federal political committee.		Transaction ID : <b>3618153</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
None	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Barbara Kirchner</b>		Date of Receipt
Mailing Address 1072 Marseille Ln.		<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City	State	Zip Code
Roseville	CA	95747
FEC ID number of contributing federal political committee.		Transaction ID : <b>3625749</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="150.00"/>
Name of Employer	Occupation	
None	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ms. Edith Dorosin Kirkwood</b>		Date of Receipt
Mailing Address 1221 Waverley St.		<input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code
Palo Alto	CA	94301
FEC ID number of contributing federal political committee.		Transaction ID : <b>3616558</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="350.00"/>
Name of Employer	Occupation	
None	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="550.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 192 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Dr. Samuel Klagsbrun**  
Full Name (Last, First, Middle Initial)  
Mailing Address 941 Park Ave # 12-C  
City New York State NY Zip Code 10028  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Four Winds Hosp. Occupation Psychiatrist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **247.00**

Date of Receipt **04 / 11 / 2013**  
**Transaction ID : 3620253**  
Amount of Each Receipt this Period **122.00**

**B. Kelly Kleiman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5701 N. Sheridan Rd., #27-J  
City Chicago State IL Zip Code 60660  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NFP Consulting Occupation Writer  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 09 / 2013**  
**Transaction ID : 3619768**  
Amount of Each Receipt this Period **250.00**

**C. Ms. Ann Orts Knauth**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1134 Lindsey Dr.  
City Rosenberg State TX Zip Code 77471  
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 **215.00**

Date of Receipt **04 / 20 / 2013**  
**Transaction ID : 3628061**  
Amount of Each Receipt this Period **10.00**

**SUBTOTAL** of Receipts This Page (optional)..... **382.00**  
**TOTAL** This Period (last page this line number only).....



**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 193 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Dr. Kay F. Koch**  
Full Name (Last, First, Middle Initial)

Mailing Address 7948 Beaumont Green PL

City Indianapolis State IN Zip Code 46250

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 ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2013

**Transaction ID : 3620184**

Amount of Each Receipt this Period  
500.00

**B. Ms. Constance Koenenn**  
Full Name (Last, First, Middle Initial)

Mailing Address 3900 Windsor Hall Drive Apt A-316

City Williamsburg State VA Zip Code 23188

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation journalist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 16 / 2013

**Transaction ID : 3623572**

Amount of Each Receipt this Period  
250.00

**C. Mr. Ronald Koenig**  
Full Name (Last, First, Middle Initial)

Mailing Address 1215 Wynnstone Drive

City Ann Arbor State MI Zip Code 48105

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Michigan Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 13 / 2013

**Transaction ID : 3621271**

Amount of Each Receipt this Period  
110.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 860.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 194 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Sandra Kolb</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 18 / 2013 <b>Transaction ID : 3624666</b>
Mailing Address 3817 Garfield Street NW			Amount of Each Receipt this Period 100.00
City Washington	State DC	Zip Code 20007	
FEC ID number of contributing federal political committee. C			
Name of Employer None	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) <b>B. Ms. Sandra Kolb</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 21 / 2013 <b>Transaction ID : 3626739</b>
Mailing Address 3817 Garfield Street NW			Amount of Each Receipt this Period 25.00
City Washington	State DC	Zip Code 20007	
FEC ID number of contributing federal political committee. C			
Name of Employer None	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) <b>C. Ms. Sandra Kolb</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 29 / 2013 <b>Transaction ID : 3632036</b>
Mailing Address 3817 Garfield Street NW			Amount of Each Receipt this Period 25.00
City Washington	State DC	Zip Code 20007	
FEC ID number of contributing federal political committee. C			
Name of Employer None	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 195 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Sandra Kolb</b>			Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2013 <b>Transaction ID : 3632861</b>
Mailing Address 3817 Garfield Street NW			Amount of Each Receipt this Period 25.00
City Washington	State DC	Zip Code 20007	
FEC ID number of contributing federal political committee. <b>C</b>			Aggregate Year-to-Date ▼ 275.00
Name of Employer None		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Ms. Barbara J Konecky</b>			Date of Receipt M M / D D / Y Y Y Y Y 04 / 11 / 2013 <b>Transaction ID : 3620553</b>
Mailing Address 1789 Sanchez St			Amount of Each Receipt this Period 25.00
City San Francisco	State CA	Zip Code 94131	
FEC ID number of contributing federal political committee. <b>C</b>			Aggregate Year-to-Date ▼ 240.00
Name of Employer None		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Ms. Barbara J Konecky</b>			Date of Receipt M M / D D / Y Y Y Y Y 04 / 23 / 2013 <b>Transaction ID : 3628969</b>
Mailing Address 1789 Sanchez St			Amount of Each Receipt this Period 25.00
City San Francisco	State CA	Zip Code 94131	
FEC ID number of contributing federal political committee. <b>C</b>			Aggregate Year-to-Date ▼ 240.00
Name of Employer None		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 196 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Barbara J Konecky</b>		Date of Receipt
Mailing Address 1789 Sanchez St		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
San Francisco	CA	94131
FEC ID number of contributing federal political committee.		<b>Transaction ID : 3630758</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="15.00"/>
Name of Employer	Occupation	
None	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Eve Tupi Konstan</b>		Date of Receipt
Mailing Address 50 Porchuck Road		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
Greenwich	CT	06831
FEC ID number of contributing federal political committee.		<b>Transaction ID : 3631794</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="750.00"/>
Name of Employer	Occupation	
Cleary Gottlieb	Attorney	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="750.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ms. Nancy E Kops</b>		Date of Receipt
Mailing Address 579 Falcon Place		<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2013"/>
City	State	Zip Code
San Jose	CA	95125
FEC ID number of contributing federal political committee.		<b>Transaction ID : 3620339</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
None	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1015.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 197 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Louise Kornfield</b>		Date of Receipt
Mailing Address 719 N. Ocean Blvd.		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
Delray Beach	FL	33483
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Kornfeld Associates International	Consultant	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	
		Transaction ID : <b>3621844</b>
		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>

Full Name (Last, First, Middle Initial) <b>B. Lisa Koteen Gerchick</b>		Date of Receipt
Mailing Address 1345 Potomac School Road		<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2013"/>
City	State	Zip Code
McLean	VA	22101
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Retired	LAWYER/HOMEMAKER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1250.00"/>	
		Transaction ID : <b>3618385</b>
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) <b>C. Mrs. Betty P. Kowaloff</b>		Date of Receipt
Mailing Address 1261 Madison Ave. Apt 3 South		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>
City	State	Zip Code
New York	NY	10128
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Self employed	Designer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	
		Transaction ID : <b>3625426</b>
		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="350.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 198 OF 1350
	<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**

Full Name (Last, First, Middle Initial) <b>A. Mrs. Betty P. Kowaloff</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 18 / 2013 <b>Transaction ID : 3624493</b>
Mailing Address 1261 Madison Ave. Apt 3 South		Amount of Each Receipt this Period 50.00
City New York State NY Zip Code 10128	FEC ID number of contributing federal political committee. C	
Name of Employer Self employed	Occupation Designer	Aggregate Year-to-Date ▼ 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mrs. Maureen Elise Kremers</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 03 / 2013 <b>Transaction ID : 3616834</b>
Mailing Address 2020 E Lynn St		Amount of Each Receipt this Period 100.00
City Seattle State WA Zip Code 98112	FEC ID number of contributing federal political committee. C	
Name of Employer None	Occupation Retired	Aggregate Year-to-Date ▼ 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. George W. Krumme</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 22 / 2013 <b>Transaction ID : 3627233</b>
Mailing Address PO Box 749		Amount of Each Receipt this Period 1000.00
City Bristow State OK Zip Code 74010	FEC ID number of contributing federal political committee. C	
Name of Employer Krumme Oil Company, LLP	Occupation REQUESTED	Aggregate Year-to-Date ▼ 1500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1150.00
<b>TOTAL</b> This Period (last page this line number only).....	1150.00

**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 199 OF 1350
	<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**

Full Name (Last, First, Middle Initial) <b>A. Ms. Susan Kupferberg</b>		Date of Receipt
Mailing Address 1714 West Sussex Rd.		M M M / D D D / Y Y Y Y Y Y 04 / 01 / 2013
City	State	Zip Code
Atlanta	GA	30306
FEC ID number of contributing federal political committee.		Transaction ID : <b>3614840</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
		50.00
Name of Employer	Occupation	
self	psychologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		300.00
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mrs. Luann Kurnick</b>		Date of Receipt
Mailing Address 4206 Pascal Place		M M M / D D D / Y Y Y Y Y Y 04 / 16 / 2013
City	State	Zip Code
Palos Verdes	CA	90274
FEC ID number of contributing federal political committee.		Transaction ID : <b>3622327</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
		100.00
Name of Employer	Occupation	
retired	retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		1100.00
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. Laurence Lackey</b>		Date of Receipt
Mailing Address 1002 Spruce Street		M M M / D D D / Y Y Y Y Y Y 04 / 19 / 2013
City	State	Zip Code
Boulder	CO	80302
FEC ID number of contributing federal political committee.		Transaction ID : <b>3626113</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
		250.00
Name of Employer	Occupation	
REQUESTED	REQUESTED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		250.00
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 200 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Celestine Lacroix</b>		Date of Receipt
Mailing Address 35 Arlen Rd		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>
City	State	<b>Transaction ID : 3622270</b>
Westport	CT	Amount of Each Receipt this Period
Zip Code		<input type="text" value="100.00"/>
06880		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
REQUESTED	REQUESTED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. James Lamb</b>		Date of Receipt
Mailing Address 75 2nd St E		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>
City	State	<b>Transaction ID : 3622272</b>
Sonoma	CA	Amount of Each Receipt this Period
Zip Code		<input type="text" value="100.00"/>
95476		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
none	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Lucille A. Lamkin</b>		Date of Receipt
Mailing Address PO Box 99		<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City	State	<b>Transaction ID : 3631008</b>
Kualapuu	HI	Amount of Each Receipt this Period
Zip Code		<input type="text" value="75.00"/>
96757		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Self	Real Estate/Investments	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="275.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



**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 201 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Dorothy V. Lamm**  
Full Name (Last, First, Middle Initial)

Mailing Address 5401 E. Dakota Ave. #20

City State Zip Code  
Denver CO 80246

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation Writer, public speaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 01 / 2013  
**Transaction ID : 3615324**

Amount of Each Receipt this Period  
300.00

**B. Judith Landecker**  
Full Name (Last, First, Middle Initial)

Mailing Address 2751 Grizzly Gulch Dr

City State Zip Code  
Helena MT 59601

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Busniess Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 07 / 2013  
**Transaction ID : 3617853**

Amount of Each Receipt this Period  
250.00

**C. Ms. Mary Ellen Landis**  
Full Name (Last, First, Middle Initial)

Mailing Address 14680 N. Windshade Drive

City State Zip Code  
Oro Valley AZ 85755

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 ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 16 / 2013  
**Transaction ID : 3623517**

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 675.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 202 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Mrs. Eleanor A. Lane**  
Full Name (Last, First, Middle Initial)

Mailing Address 5300 Zebulon Rd Unit 49

City Macon State GA Zip Code 31210

FEC ID number of contributing federal political committee. **C**

Name of Employer Crossroads Counseling Occupation FAMILY THERAPIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 19 / 2013

**Transaction ID : 3625895**

Amount of Each Receipt this Period  
 250.00

**B. Robert Lanford**  
Full Name (Last, First, Middle Initial)

Mailing Address 125 Greystone Pt

City Boerne State TX Zip Code 78006

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 ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 09 / 2013

**Transaction ID : 3618694**

Amount of Each Receipt this Period  
 250.00

**C. Ms. Kathryn Lanoue**  
Full Name (Last, First, Middle Initial)

Mailing Address 417 Hilltop Rd.

City Hummelstown State PA Zip Code 17036

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 ▼ 280.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 13 / 2013

**Transaction ID : 3622163**

Amount of Each Receipt this Period  
 70.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 570.00

**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 203 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mrs. Gail A. Lanznar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1019 Ashland Avenue  
 City Wilmette State IL Zip Code 60091  
 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 ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 22 / 2013  
**Transaction ID : 3627827**  
 Amount of Each Receipt this Period  
 250.00

**B. Ms. Ann Evans Larimore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 916 Olivia Ave  
 City Ann Arbor State MI Zip Code 48104  
 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 ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 12 / 2013  
**Transaction ID : 3621523**  
 Amount of Each Receipt this Period  
 1000.00

**C. Mrs. Marjorie R Larson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12310 30th Ave N  
 City Plymouth State MN Zip Code 55441  
 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 ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 14 / 2013  
**Transaction ID : 3622091**  
 Amount of Each Receipt this Period  
 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1280.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 204 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial) <b>A. Mrs. Marjorie R Larson</b>		Date of Receipt
Mailing Address 12310 30th Ave N		M M M / D D D / Y Y Y Y Y Y 04 / 25 / 2013
City Plymouth	State MN	Zip Code 55441
FEC ID number of contributing federal political committee. C		<b>Transaction ID : 3629894</b>
Name of Employer None		Amount of Each Receipt this Period
Occupation Retired		20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		250.00

Full Name (Last, First, Middle Initial) <b>B. Mr. Richard Larson</b>		Date of Receipt
Mailing Address 141 S. Scoville Ave		M M M / D D D / Y Y Y Y Y Y 04 / 09 / 2013
City Oak Park	State IL	Zip Code 60302
FEC ID number of contributing federal political committee. C		<b>Transaction ID : 3618881</b>
Name of Employer UIC		Amount of Each Receipt this Period
Occupation Prof. Emeritus		75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		285.00

Full Name (Last, First, Middle Initial) <b>C. Mr. Richard Larson</b>		Date of Receipt
Mailing Address 141 S. Scoville Ave		M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2013
City Oak Park	State IL	Zip Code 60302
FEC ID number of contributing federal political committee. C		<b>Transaction ID : 3620477</b>
Name of Employer UIC		Amount of Each Receipt this Period
Occupation Prof. Emeritus		75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		285.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	170.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 205 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Andrea H. Larue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6512 Ridge Drive  
 City Bethesda State MD Zip Code 20816  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NVG Occupation consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2013  
**Transaction ID : 3622185**  
 Amount of Each Receipt this Period  
 100.00

**B. Ms. Tanya Lasuk**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 409 S.Agua Mansa Court  
 City Kennewick State WA Zip Code 99338  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Battelle Occupation IT Analyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2013  
**Transaction ID : 3631930**  
 Amount of Each Receipt this Period  
 100.00

**C. Mr. Murray Laver**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1950 SW Whiteside DR  
 City Corvallis State OR Zip Code 97333  
 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 ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 23 / 2013  
**Transaction ID : 3628377**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 206 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Sarah H. Lawhorne**  
Full Name (Last, First, Middle Initial)

Mailing Address 210 Ann Dr

City Middletown State DE Zip Code 19709

FEC ID number of contributing federal political committee. **C**

Name of Employer n/a Occupation retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 12 / 2013

**Transaction ID : 3621560**

Amount of Each Receipt this Period  
 200.00

**B. Ms. Nancy Lazar**  
Full Name (Last, First, Middle Initial)

Mailing Address 20 Pierrepont Street #5C

City Brooklyn State NY Zip Code 11201

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Disabled

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3634165**

Amount of Each Receipt this Period  
 100.00

**C. Ms. Kate B. Lear**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 Central Park West Apt. 8F

City New York State NY Zip Code 10024

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Writer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 16 / 2013

**Transaction ID : 3623746**

Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **600.00**

**TOTAL** This Period (last page this line number only)..... ▶

**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 207 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Ms. Marguerite S. Lederberg</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 01 / 2013 <b>Transaction ID : 3615500</b>
Mailing Address 504 East 63rd Street, # 32P		Amount of Each Receipt this Period 350.00
City New York	State NY	Zip Code 10065
FEC ID number of contributing federal political committee. C		
Name of Employer REQUESTED	Occupation REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Warren LeGarie</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 08 / 2013 <b>Transaction ID : 3634422</b>
Mailing Address 1108 Masonic Avenue		Amount of Each Receipt this Period 250.00
City San Francisco	State CA	Zip Code 94117
FEC ID number of contributing federal political committee. C		
Name of Employer Requested	Occupation Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Margaret Leinbach</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 22 / 2013 <b>Transaction ID : 3627240</b>
Mailing Address 1738 Virginia Rd		Amount of Each Receipt this Period 500.00
City Winston Salem	State NC	Zip Code 27104
FEC ID number of contributing federal political committee. C		
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 208 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**EMILY's List**

**A. Ms. Ann S. Lemke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7450 Olivetas Avenue, # 340  
 City State Zip Code  
 La Jolla CA 92037  
 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 ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2013  
**Transaction ID : 3619174**  
 Amount of Each Receipt this Period  
 250.00

**B. Maryaurelia Lemmon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 255 South Grand Avenue, #1004  
 City State Zip Code  
 Los Angeles CA 90012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Requested Occupation Requested  
 None Retired  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 02 / 2013  
**Transaction ID : 3615848**  
 Amount of Each Receipt this Period  
 50.00

**C. Maryaurelia Lemmon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 255 South Grand Avenue, #1004  
 City State Zip Code  
 Los Angeles CA 90012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Requested Occupation Requested  
 None Retired  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2013  
**Transaction ID : 3632931**  
 Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	310.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 209 OF 1350
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Joan Lenes</b>		Date of Receipt
Mailing Address 197 Governors Lane		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>
City	State	Zip Code
Shelburne	VT	05482
FEC ID number of contributing federal political committee.		<b>Transaction ID : 3625214</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
Name of Employer	Occupation	
REQUESTED	REQUESTED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Joan Lenes</b>		Date of Receipt
Mailing Address 197 Governors Lane		<input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>
City	State	Zip Code
Shelburne	VT	05482
FEC ID number of contributing federal political committee.		<b>Transaction ID : 3624000</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
Name of Employer	Occupation	
REQUESTED	REQUESTED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ms. Sylvia Lenhoff</b>		Date of Receipt
Mailing Address 304 Dogwood Drive		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Oxford	MS	38655
FEC ID number of contributing federal political committee.		<b>Transaction ID : 3628704</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
Name of Employer	Occupation	
Requested	Requested	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="360.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 210 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ms. Helena Leshner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7517 SE 28th Ave  
 City Portland State OR Zip Code 97202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 None RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2013  
**Transaction ID : 3622658**  
 Amount of Each Receipt this Period  
 1000.00

**B. Ms. Karen M Lesky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 660 W.Third St.  
 City Elmira State NY Zip Code 14905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 retired teacher  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2013  
**Transaction ID : 3622222**  
 Amount of Each Receipt this Period  
 100.00

**C. Ms. Suzanne C. Leslie**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7330 Inglecliff Drive  
 City Dallas State TX Zip Code 75230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AT&T Service,Inc ATTORNEY  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2013  
**Transaction ID : 3615635**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1600.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 211 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Ms. Norma S. Levin**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 7411

City St Thomas	State VI	Zip Code 00801
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Date of Receipt  
04 / 17 / 2013  
**Transaction ID : 3627029**

Amount of Each Receipt this Period  
125.00

**B. Mr. Steve Leviness**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4153 Chadbourne Dr

City Columbus	State OH	Zip Code 43220
FEC ID number of contributing federal political committee. C		
Name of Employer Syntroleum Corporation	Occupation Technical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt  
04 / 01 / 2013  
**Transaction ID : 3615603**

Amount of Each Receipt this Period  
250.00

**C. Ms. Annemarie Levitt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10 E 82ND ST

City New York	State NY	Zip Code 10028
FEC ID number of contributing federal political committee. C		
Name of Employer C.S. Kansas City Corp.	Occupation Real Estate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Date of Receipt  
04 / 08 / 2013  
**Transaction ID : 3619337**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	475.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 212 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Rosanne Levitt</b>		Date of Receipt
Mailing Address 446 Nevada Ave.		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code
San Mateo	CA	94402
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3630481</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Jewish Com Center	Project Director	<input type="text" value="150.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="275.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Ms. Mary Ann A. Levitt</b>		Date of Receipt
Mailing Address 74 Cloud View Rd.		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code
Sausalito	CA	94965
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3633070</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
n/a	retired	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="225.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Mr. Harold B. Lewis , Jr.</b>		Date of Receipt
Mailing Address 1307 4th Ave		<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2013"/>
City	State	Zip Code
Asbury Park	NJ	07712
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3619576</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
None	RETIRED	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="450.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 213 OF 1350
	<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**

Full Name (Last, First, Middle Initial) <b>A. Ms. Judith L. Lichtman</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 16 / 2013 <b>Transaction ID : 3621855</b>
Mailing Address 1875 Connecticut Avenue, NW Suite 650 City Washington State DC Zip Code 20009		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer National partnership for women and fam Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Norma Liebenberg</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 15 / 2013 <b>Transaction ID : 3622534</b>
Mailing Address 49 Starboard Tack Dr. City Salem State SC Zip Code 20676		Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer None Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Gregory Liebman</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 01 / 2013 <b>Transaction ID : 3614847</b>
Mailing Address 256 Spoombill Ln N City Jupiter State FL Zip Code 33458		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Sales Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	875.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	875.00

**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 214 OF 1350
	<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**

Full Name (Last, First, Middle Initial) <b>A. Mr. Walter Ligon</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 09 / 2013 <b>Transaction ID : 3619656</b>
Mailing Address 1551 Franklin St SE Apt. 3013		Amount of Each Receipt this Period 500.00
City Grand Rapids	State MI	Zip Code 49506
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Marylou Lionells</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 26 / 2013 <b>Transaction ID : 3631463</b>
Mailing Address 10487 Stonebridge Blvd		Amount of Each Receipt this Period 1000.00
City Boca Raton	State FL	Zip Code 33498
FEC ID number of contributing federal political committee. C		
Name of Employer Requested	Occupation Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Melissa E. Little</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2013 <b>Transaction ID : 3632725</b>
Mailing Address 6300 Creedmoor Rd., Ste 170, #		Amount of Each Receipt this Period 33.33
City Raleigh	State NC	Zip Code 27612
FEC ID number of contributing federal political committee. C		
Name of Employer Credit Risk Management, LLC	Occupation Attorney/Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 283.33	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1533.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 215 OF 1350
	<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. Ms. Leila Lituchy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35 N. Chatsworth Ave., Apt. 1J  
 City Larchmont State NY Zip Code 10538  
 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 ▼ 410.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 12 / 2013  
**Transaction ID : 3620836**  
 Amount of Each Receipt this Period  
 50.00

**B. Mr. William B. Lloyd**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 245 W. 107th Street Apt. 16C  
 City New York State NY Zip Code 10025  
 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 ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 23 / 2013  
**Transaction ID : 3630312**  
 Amount of Each Receipt this Period  
 250.00

**C. Ms. Maryel Locke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1573 Cambridge St., Apt. 511  
 City Cambridge State MA Zip Code 02138  
 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 ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2013  
**Transaction ID : 3625685**  
 Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 216 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Ms. Ann Hyatt Logan**

Mailing Address 61 W 62nd St Apt 6J

City State Zip Code  
New York NY 10023

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
retired attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2013  
**Transaction ID : 3614759**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Yvonne M. Logan**

Mailing Address 1 McKnight Pl Apt 141

City State Zip Code  
Saint Louis MO 63124

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
World Community Ctr. of St.Louis Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
625.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 05 / 2013  
**Transaction ID : 3617214**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Ms. Trudi K. Loh**

Mailing Address 2125 Upper Ranch Road

City State Zip Code  
Westlake Village CA 91362

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 12 / 2013  
**Transaction ID : 3620870**

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00

**TOTAL** This Period (last page this line number only)..... ▶



**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 217 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Deborah DeBerry Long</b>		Date of Receipt
Mailing Address 31766 Broad Beach Rd.		<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2013"/>
City	State	Zip Code
Malibu	CA	90265
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3620354</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Telos Holdings, Inc.	Marketing	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Ms. Ann K. Lonstein</b>		Date of Receipt
Mailing Address 9861 Deerbrook Drive		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Chanhausen	MN	55317
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3629114</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
self employed	writer	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Ms. Ann K. Lonstein</b>		Date of Receipt
Mailing Address 9861 Deerbrook Drive		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code
Chanhausen	MN	55317
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3629922</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
self employed	writer	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="450.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 218 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Melanie W.S. Loo**  
Full Name (Last, First, Middle Initial)

Mailing Address 1395 56th St

City Sacramento State CA Zip Code 95819

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 ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 16 / 2013**

**Transaction ID : 3623521**

Amount of Each Receipt this Period  
**100.00**

**B. Ms. Carol S. Louchheim**  
Full Name (Last, First, Middle Initial)

Mailing Address 620 Sand Hill Rd Apt 321E

City Palo Alto State CA Zip Code 94304

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation none

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 26 / 2013**

**Transaction ID : 3631471**

Amount of Each Receipt this Period  
**1500.00**

**C. Ms. Marjorie P. Love**  
Full Name (Last, First, Middle Initial)

Mailing Address 2442 17th Ave

City Carmel State CA Zip Code 93923

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 ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 22 / 2013**

**Transaction ID : 3627236**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1700.00**

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

**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 219 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Mary Lowe</b>		Date of Receipt MM / DD / YYYY 04 / 09 / 2013 <b>Transaction ID : 3619852</b>
Mailing Address 1625 E Arlington Dr		Amount of Each Receipt this Period 200.00
City Salt Lake City	State UT	Zip Code 84103
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1050.00
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mary Lowe</b>		Date of Receipt MM / DD / YYYY 04 / 12 / 2013 <b>Transaction ID : 3621031</b>
Mailing Address 1625 E Arlington Dr		Amount of Each Receipt this Period 200.00
City Salt Lake City	State UT	Zip Code 84103
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1050.00
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ms. Victoria H. Lowell</b>		Date of Receipt MM / DD / YYYY 04 / 20 / 2013 <b>Transaction ID : 3626646</b>
Mailing Address 188 Sippewissett Rd.		Amount of Each Receipt this Period 500.00
City Falmouth	State MA	Zip Code 02540
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 220 OF 1350
	<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. Ms. Lauren K. Lowman**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Bridle Creek RD

City Saint Louis State MO Zip Code 63124

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 ▼  
212.00

Date of Receipt  
04 / 12 / 2013  
**Transaction ID : 3621641**

Amount of Each Receipt this Period  
100.00

**B. Ms. Lauren K. Lowman**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Bridle Creek RD

City Saint Louis State MO Zip Code 63124

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 ▼  
212.00

Date of Receipt  
04 / 15 / 2013  
**Transaction ID : 3622607**

Amount of Each Receipt this Period  
112.00

**C. George Loya**  
Full Name (Last, First, Middle Initial)

Mailing Address 15232 Fernview st

City Whittier State CA Zip Code 90604

FEC ID number of contributing federal political committee. **C**

Name of Employer Sears Occupation tech

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
04 / 06 / 2013  
**Transaction ID : 3617727**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 262.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 221 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Dianne S. Lozier</b>		Date of Receipt
Mailing Address 6336 Pershing Drive		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Omaha	NE	68110
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Lozier Corp	ATTORNEY	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2500.00"/>	
		Transaction ID : <b>3633724</b>
		Amount of Each Receipt this Period
		<input type="text" value="2500.00"/>

Full Name (Last, First, Middle Initial) <b>B. Ms. Linda Lumley</b>		Date of Receipt
Mailing Address 23 Maurer Dr.		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code
Battle Creek	MI	49037
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Western Michigan Univer.	Administrator	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="275.00"/>	
		Transaction ID : <b>3633637</b>
		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>

Full Name (Last, First, Middle Initial) <b>C. Mr. Peter Lynch</b>		Date of Receipt
Mailing Address 35 Winterberry Lane		<input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2013"/>
City	State	Zip Code
Womelsdorf	PA	19567
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
None	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	
		Transaction ID : <b>3622169</b>
		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="2750.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 222 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Mr. S. Lynn**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11 Nevada Street  
City Worcester State MA Zip Code 01602  
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 ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 26 / 2013  
**Transaction ID : 3631663**  
Amount of Each Receipt this Period  
250.00

**B. Ms. Pamela Lyons**  
Full Name (Last, First, Middle Initial)  
Mailing Address 51 Grant Street  
City Lexington State MA Zip Code 02420  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Commonwealth of Massachusettes Occupation Attorney  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 26 / 2013  
**Transaction ID : 3631664**  
Amount of Each Receipt this Period  
375.00

**C. Ms. Gail S. Maccoll**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3623 Patterson St. NW  
City Washington State DC Zip Code 20015  
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 ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 17 / 2013  
**Transaction ID : 3624152**  
Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 925.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 223 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Ms. Anne Mackay**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12050 E Highway 25  
City Ocklawaha State FL Zip Code 32179  
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 ▼ 275.00

Date of Receipt 04 / 19 / 2013  
**Transaction ID : 3626517**  
Amount of Each Receipt this Period 50.00

**B. Mr. Kevin R. Mackenzie**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1144 166th Ave SE  
City Bellevue State WA Zip Code 98008  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Amazon.com Occupation Software Engineer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 04 / 01 / 2013  
**Transaction ID : 3614414**  
Amount of Each Receipt this Period 30.00

**C. Mr. Kevin R. Mackenzie**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1144 166th Ave SE  
City Bellevue State WA Zip Code 98008  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Amazon.com Occupation Software Engineer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 04 / 16 / 2013  
**Transaction ID : 3625403**  
Amount of Each Receipt this Period 35.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 224 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Anne Mackey</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 15 / 2013 <b>Transaction ID : 3621803</b>
Mailing Address 2325 Bainbridge Dr		Amount of Each Receipt this Period 650.00
City Odessa	State TX	Zip Code 79762
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 650.00
Name of Employer Requested	Occupation Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Janet Mackey</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 11 / 2013 <b>Transaction ID : 3620441</b>
Mailing Address 836 Channing Circle		Amount of Each Receipt this Period 100.00
City Benicia	State CA	Zip Code 94510
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Solano Land Trust	Occupation manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. David Magruder</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 12 / 2013 <b>Transaction ID : 3621712</b>
Mailing Address 816 Grant Pl.		Amount of Each Receipt this Period 27.00
City Neenah	State WI	Zip Code 54956
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 354.00
Name of Employer REQUESTED	Occupation REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	777.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 225 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
**EMILY's List**

**A. David Magruder**  
Full Name (Last, First, Middle Initial)

Mailing Address 816 Grant Pl.

City Neenah State WI Zip Code 54956

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 ▼ **354.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 26 / 2013**

**Transaction ID : 3631804**

Amount of Each Receipt this Period  
**27.00**

**B. Peggy Mainor**  
Full Name (Last, First, Middle Initial)

Mailing Address 5301 Springlake Way

City Baltimore State MD Zip Code 21212

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 19 / 2013**

**Transaction ID : 3626270**

Amount of Each Receipt this Period  
**1000.00**

**C. Ms. Janet Majerus**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1722

City El Prado State NM Zip Code 87529

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 22 / 2013**

**Transaction ID : 3628327**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1127.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 226 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Liz Mamorsky</b>		Date of Receipt
Mailing Address 2525 McAllister St		<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2013"/>
City	State	Zip Code
San Francisco	CA	94118
FEC ID number of contributing federal political committee.		<b>Transaction ID : 3619173</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Liz Mamorsky Inc	Actor	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Erma W. Manoncourt</b>		Date of Receipt
Mailing Address 7813 Odysseus Ave		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
Las Vegas	NV	89131
FEC ID number of contributing federal political committee.		<b>Transaction ID : 3631467</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
Requested	Requested	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ms. Susan Markham</b>		Date of Receipt
Mailing Address 1402 Emerson Street NW		<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City	State	Zip Code
Washington	DC	20011
FEC ID number of contributing federal political committee.		<b>Transaction ID : 3631901</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
NDI	Director	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1350.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 227 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Jeanne Marks**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 92

City Killawog	State NY	Zip Code 13794
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 12 / 2013  
**Transaction ID : 3621541**

Amount of Each Receipt this Period  
200.00

**B. Ms. Margo Marquess**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5322 Fox Den Rd

City Roanoke	State VA	Zip Code 24018
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation housewife	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 16 / 2013  
**Transaction ID : 3624525**

Amount of Each Receipt this Period  
100.00

**C. Ms. Susan Marsch**  
Full Name (Last, First, Middle Initial)  
Mailing Address 139 Carmel St.

City San Francisco	State CA	Zip Code 94117
FEC ID number of contributing federal political committee. C		
Name of Employer REQUESTED	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 26 / 2013  
**Transaction ID : 3631639**

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 228 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Mrs. Emily Marshall**  
Full Name (Last, First, Middle Initial)

Mailing Address 23350 Los Encinos Way

City Woodland Hls State CA Zip Code 91367

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
04 / 12 / 2013  
Transaction ID : 3621530

Amount of Each Receipt this Period  
255.00

**B. Ms. Lynn Martell**  
Full Name (Last, First, Middle Initial)

Mailing Address 9 Terrys Trl.

City East Hampton State NY Zip Code 11937

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 ▼  
300.00

Date of Receipt  
04 / 26 / 2013  
Transaction ID : 3631461

Amount of Each Receipt this Period  
100.00

**C. Mr. David P. Martin**  
Full Name (Last, First, Middle Initial)

Mailing Address 3007 S Erin Dr.

City Oakton State VA Zip Code 22124

FEC ID number of contributing federal political committee. **C**

Name of Employer NLRB Occupation ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
04 / 15 / 2013  
Transaction ID : 3622510

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 605.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 229 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Darcy Scott Martin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1363 A Street NE  
 City Washington State DC Zip Code 20002  
 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  
 M M / D D / Y Y Y Y Y  
 04 / 24 / 2013  
**Transaction ID : 3629731**  
 Amount of Each Receipt this Period  
 100.00

**B. Mr. Chalmer Mastin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3742 Cedaridge Road  
 City Kalamazoo State MI Zip Code 49008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Clergyman  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 233.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 09 / 2013  
**Transaction ID : 3618920**  
 Amount of Each Receipt this Period  
 25.00

**C. Mr. Chalmer Mastin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3742 Cedaridge Road  
 City Kalamazoo State MI Zip Code 49008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Clergyman  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 233.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 16 / 2013  
**Transaction ID : 3623485**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	145.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 230 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Appolonia Matz**

Mailing Address 859 Barrington Rd

City Grosse Pointe Park	State MI	Zip Code 48230
----------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
213.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2013

**Transaction ID : 3626965**

Amount of Each Receipt this Period  
113.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Linda A. Mauck**

Mailing Address 184 Croydon Rd

City Rochester	State NY	Zip Code 14610
-------------------	-------------	-------------------

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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2013

**Transaction ID : 3630853**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Ms. Evelyn McCabe**

Mailing Address 23500 Cristo Rey Dr Unit 315D

City Cupertino	State CA	Zip Code 95014
-------------------	-------------	-------------------

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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	19	/	2013

**Transaction ID : 3625914**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	463.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 231 OF 1350
	<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. Ms. Evelyn McCabe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23500 Cristo Rey Dr Unit 315D  
 City State Zip Code  
 Cupertino CA 95014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 none Retired  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 19 / 2013  
**Transaction ID : 3625915**  
 Amount of Each Receipt this Period  
 100.00

**B. Ms. M. Jean Hamilton McCarver**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10615 E. Eisenbergs Pl  
 City State Zip Code  
 Tucson AZ 85747  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 REQUESTED REQUESTED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 19 / 2013  
**Transaction ID : 3626012**  
 Amount of Each Receipt this Period  
 250.00

**C. Ms. Marianna McClanahan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 617 Malvern Avenue  
 City State Zip Code  
 Fullerton CA 92832  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 None RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2013  
**Transaction ID : 3615281**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 232 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Catherine McClure</b>		Date of Receipt MM / DD / YYYY 04 / 23 / 2013 <b>Transaction ID : 3629155</b>
Mailing Address 10340 Scio Church Road		Amount of Each Receipt this Period 1000.00
City Chelsea	State MI	Zip Code 48118
FEC ID number of contributing federal political committee. C	Name of Employer Michigan State Senate	Occupation Lawyer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Sandra L. McClurg</b>		Date of Receipt MM / DD / YYYY 04 / 19 / 2013 <b>Transaction ID : 3626471</b>
Mailing Address 105 Woodkirk Lane		Amount of Each Receipt this Period 100.00
City Chapel Hill	State NC	Zip Code 27514
FEC ID number of contributing federal political committee. C	Name of Employer Somerset Academy	Occupation President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Laura McGill</b>		Date of Receipt MM / DD / YYYY 04 / 26 / 2013 <b>Transaction ID : 3630680</b>
Mailing Address PO Box 5457		Amount of Each Receipt this Period 75.00
City Gainesville	State FL	Zip Code 32627
FEC ID number of contributing federal political committee. C	Name of Employer University of Florida	Occupation Financial Administrator
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1175.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 233 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Gretchen F. McGinley</b>		Date of Receipt
Mailing Address 803 Annan Terrace		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>
City	State	Zip Code
Los Angeles	CA	90042
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3625427</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
County of Los Angeles	Hospital Administrator	<input type="text" value="55.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="220.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Ms. Ellen Gibson McGinnis</b>		Date of Receipt
Mailing Address 6514 Darnall Road		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code
Towson	MD	21204
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3620835</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Haynes and Boone	Lawyer	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Ms. Lyn M. McGuire</b>		Date of Receipt
Mailing Address Ballard Landmark Apt 134		<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Seattle	WA	98117
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3615510</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Peralta Community College District (fo	Community. college instructor(retired)	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="280.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="405.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 234 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Lyn M. McGuire</b>		Date of Receipt MM / DD / YYYY 04 / 12 / 2013 <b>Transaction ID : 3621137</b>
Mailing Address Ballard Landmark Apt 134		Amount of Each Receipt this Period 100.00
City Seattle	State WA	Zip Code 98117
FEC ID number of contributing federal political committee. C		
Name of Employer Peralta Community College District (fo	Occupation Community. college instructor(retired)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Lyn M. McGuire</b>		Date of Receipt MM / DD / YYYY 04 / 27 / 2013 <b>Transaction ID : 3630960</b>
Mailing Address Ballard Landmark Apt 134		Amount of Each Receipt this Period 80.00
City Seattle	State WA	Zip Code 98117
FEC ID number of contributing federal political committee. C		
Name of Employer Peralta Community College District (fo	Occupation Community. college instructor(retired)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. John McKillop</b>		Date of Receipt MM / DD / YYYY 04 / 14 / 2013 <b>Transaction ID : 3621465</b>
Mailing Address 10442 S.E. Eastmont Dr.		Amount of Each Receipt this Period 50.00
City Damascus	State OR	Zip Code 97089
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	230.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 235 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**EMILY's List**

**A. Mr. John McKillop**  
Full Name (Last, First, Middle Initial)

Mailing Address 10442 S.E. Eastmont Dr.

City Damascus	State OR	Zip Code 97089
------------------	-------------	-------------------

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 ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2013  
**Transaction ID : 3622671**

Amount of Each Receipt this Period  
100.00

**B. Mr. John McKillop**  
Full Name (Last, First, Middle Initial)

Mailing Address 10442 S.E. Eastmont Dr.

City Damascus	State OR	Zip Code 97089
------------------	-------------	-------------------

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 ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 25 / 2013  
**Transaction ID : 3630026**

Amount of Each Receipt this Period  
50.00

**C. Mr. John McKillop**  
Full Name (Last, First, Middle Initial)

Mailing Address 10442 S.E. Eastmont Dr.

City Damascus	State OR	Zip Code 97089
------------------	-------------	-------------------

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 ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 25 / 2013  
**Transaction ID : 3630027**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 236 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Karen McKinnon</b>		Date of Receipt
Mailing Address 6429 Dorado Bch NE		<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City	State	Zip Code
Albuquerque	NM	87111
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
REQUESTED	REQUESTED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	
		Transaction ID : <b>3626069</b>
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) <b>B. Ms. Mary Alice McLarty</b>		Date of Receipt
Mailing Address 6407 Clubhouse Cir		<input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City	State	Zip Code
Dallas	TX	75240
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
self	lawyer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	
		Transaction ID : <b>3618055</b>
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>

Full Name (Last, First, Middle Initial) <b>C. Ms. Peggy L. McLeland</b>		Date of Receipt
Mailing Address 6201 Foxcroft Road		<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City	State	Zip Code
Alexandria	VA	22307
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
self	investments	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	
		Transaction ID : <b>3630979</b>
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="450.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 237 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Ms. Margaret M. McMenimen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 294 Sidney St  
 City Cambridge State MA Zip Code 02139  
 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 26 / 2013  
**Transaction ID : 3631469**  
 Amount of Each Receipt this Period  
 250.00

**B. Ms. Laura R. McNeill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 77 Peachtree PL NE  
 Unit 509 Cotting Court  
 City Atlanta State GA Zip Code 30309  
 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 ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 05 / 2013  
**Transaction ID : 3616922**  
 Amount of Each Receipt this Period  
 500.00

**C. Eileen McVey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 1830  
 City Lusby State MD Zip Code 20657  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2013  
**Transaction ID : 3623156**  
 Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 238 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Eugene Meade**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8872 Windsor Road

City Windsor	State CA	Zip Code 95492
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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 ▼  
520.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		09		2013

**Transaction ID : 3618861**

Amount of Each Receipt this Period  
100.00

**B. Eugene Meade**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8872 Windsor Road

City Windsor	State CA	Zip Code 95492
-----------------	-------------	-------------------

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 ▼  
520.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		16		2013

**Transaction ID : 3622255**

Amount of Each Receipt this Period  
30.00

**C. Ms. Carolyn A. Megal**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3490 Oak Knoll DR

City Brighton	State MI	Zip Code 48114
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Huntsman	Occupation Sales Mgr
------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		16		2013

**Transaction ID : 3623586**

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	430.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 239 OF 1350
	<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**

Full Name (Last, First, Middle Initial) <b>A. Ms. Barbara J. Meislin</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 25 / 2013 <b>Transaction ID : 3630031</b>
Mailing Address P.O. Box 1277		Amount of Each Receipt this Period 1000.00
City Tiburon	State CA	Zip Code 94920
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation AUTHOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Margaret C Melnick</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 16 / 2013 <b>Transaction ID : 3625458</b>
Mailing Address 10261 Nick Way		Amount of Each Receipt this Period 100.00
City Elk Grove	State CA	Zip Code 95757
FEC ID number of contributing federal political committee. C		
Name of Employer Requested	Occupation Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Mary H. Melville</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 03 / 2013 <b>Transaction ID : 3616556</b>
Mailing Address 15 Piper Road, Apt. J106		Amount of Each Receipt this Period 50.00
City Scarsorough	State ME	Zip Code 04074
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 240 OF 1350  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial)  
**A. Nancy Merelli**

Mailing Address 4221 McAlice Drive

City State Zip Code  
Plano TX 75093

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 05 / 2013  
**Transaction ID : 3617426**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Alice Mertz**

Mailing Address 239 Spencer DR

City State Zip Code  
Amherst MA 01002

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 ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 01 / 2013  
**Transaction ID : 3615605**

Amount of Each Receipt this Period  
150.00

Full Name (Last, First, Middle Initial)  
**C. Ms. Alice Mertz**

Mailing Address 239 Spencer DR

City State Zip Code  
Amherst MA 01002

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 ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 15 / 2013  
**Transaction ID : 3622843**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

**TOTAL** This Period (last page this line number only)..... ▶



**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 241 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Kathryn Mesner</b>		Date of Receipt MM / DD / YYYY 04 / 08 / 2013 <b>Transaction ID : 3618004</b>
Mailing Address 2524 28th Street		Amount of Each Receipt this Period 100.00
City Central City	State NE	Zip Code 68826
FEC ID number of contributing federal political committee. C		
Name of Employer self	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>B. Kathryn Mesner</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : 3632722</b>
Mailing Address 2524 28th Street		Amount of Each Receipt this Period 50.00
City Central City	State NE	Zip Code 68826
FEC ID number of contributing federal political committee. C		
Name of Employer self	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Nancy Meyer</b>		Date of Receipt MM / DD / YYYY 04 / 10 / 2013 <b>Transaction ID : 3620382</b>
Mailing Address 50 Hayfields Rd.		Amount of Each Receipt this Period 85.00
City Portola Valley	State CA	Zip Code 94028
FEC ID number of contributing federal political committee. C		
Name of Employer self	Occupation ADULT EDUCATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	235.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 242 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Cathleen Meyers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11109 Baton Rouge Ave  
City Northridge State CA Zip Code 91326  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Woki Occupation Dental Hygienist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **350.00**

Date of Receipt **04 / 05 / 2013**  
**Transaction ID : 3617239**  
Amount of Each Receipt this Period **100.00**

**B. Ms. Joan Middleton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3920 Grand #100  
City Des Moines State IA Zip Code 50312  
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 **250.00**

Date of Receipt **04 / 01 / 2013**  
**Transaction ID : 3615256**  
Amount of Each Receipt this Period **125.00**

**C. Frances Milberg**  
Full Name (Last, First, Middle Initial)  
Mailing Address 150 E 56th Sr  
City Ny State NY Zip Code 10022  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Lawyer  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **366.66**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632781**  
Amount of Each Receipt this Period **16.66**

**SUBTOTAL** of Receipts This Page (optional)..... **241.66**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 243 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Caryle Miller**

Mailing Address 8132 Keeler St

City State Zip Code  
Alexandria VA 22309

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DOE Engineer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2013  
**Transaction ID : 3622756**

Amount of Each Receipt this Period  
300.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Althea L Miller**

Mailing Address 1520 10th Street

City State Zip Code  
Manhattan Beach CA 90266

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Miller & Company Reporters court reporter

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 20 / 2013  
**Transaction ID : 3628313**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**C. Ms. Dorothy A. Miller**

Mailing Address 1016 S Wayne ST Apt 903

City State Zip Code  
Arlington VA 22204

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2013  
**Transaction ID : 3630473**

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 244 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Barbara Miller**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6478 Sanibel DR  
City Dayton State OH Zip Code 45459  
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 300.00

Date of Receipt 04 / 24 / 2013  
Transaction ID : 3629542  
Amount of Each Receipt this Period 100.00

**B. Ms. Marjorie Miller**  
Full Name (Last, First, Middle Initial)  
Mailing Address 210 South College Drive  
City Bowling Green State OH Zip Code 43402  
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 225.00

Date of Receipt 04 / 12 / 2013  
Transaction ID : 3620831  
Amount of Each Receipt this Period 100.00

**C. Ms. Amanda Miller**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5212 Farrington Road  
City Bethesda State MD Zip Code 20816  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Seventh Street Strategies LLC Occupation Political Consultant  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 04 / 03 / 2013  
Transaction ID : 3616550  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... 300.00  
**TOTAL** This Period (last page this line number only).....

**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 245 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**EMILY's List**

**A. Ms. Joyanne B. Mills**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40W665 Grand Monde Drive  
 City Elburn State IL Zip Code 60119  
 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 ▼ 1900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 16 / 2013  
**Transaction ID : 3621861**  
 Amount of Each Receipt this Period  
 400.00

**B. Ms. Susan A. Miranda**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2857 Woodland Rd.  
 City Los Alamos State NM Zip Code 87544  
 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 26 / 2013  
**Transaction ID : 3631459**  
 Amount of Each Receipt this Period  
 50.00

**C. Ms. Merle H. Mishel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 608 Arlington St  
 City Chapel Hill State NC Zip Code 27514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of N.C. at Chapel hill Occupation Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 20 / 2013  
**Transaction ID : 3628318**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 246 OF 1350
	<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**

Full Name (Last, First, Middle Initial) <b>A. Ms. Madeline H. Mixer</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 29 / 2013 <b>Transaction ID : 3633080</b>
Mailing Address 76 Bonnie Lane		Amount of Each Receipt this Period 1500.00
City Berkeley	State CA	Zip Code 94708
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1500.00
Name of Employer None	Occupation RETIRED LABOR ECONOMIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Elizabeth B Mohr</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 12 / 2013 <b>Transaction ID : 3620960</b>
Mailing Address 205 Blue Ridge Road		Amount of Each Receipt this Period 100.00
City Ruckersville	State VA	Zip Code 22968
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 275.00
Name of Employer None	Occupation None	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ms. Elizabeth B Mohr</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 26 / 2013 <b>Transaction ID : 3630716</b>
Mailing Address 205 Blue Ridge Road		Amount of Each Receipt this Period 25.00
City Ruckersville	State VA	Zip Code 22968
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 275.00
Name of Employer None	Occupation None	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1625.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 247 OF 1350
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Fe Mondragon</b>		Date of Receipt
Mailing Address 928 Westholm Road		<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City	State	Zip Code
Niskayuna	NY	12309
FEC ID number of contributing federal political committee.		<b>Transaction ID : 3631264</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
MondragonMcGrinderStier OBGYN P.L.L.C.	OB-GYN physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Antoinette F. Monster</b>		Date of Receipt
Mailing Address 46 Island RD		<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2013"/>
City	State	Zip Code
North Oaks	MN	55127
FEC ID number of contributing federal political committee.		<b>Transaction ID : 3619820</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
brooklyn center	superintendant	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Nancy P Moore</b>		Date of Receipt
Mailing Address PO Box 1703		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
Folly Beach	SC	29439
FEC ID number of contributing federal political committee.		<b>Transaction ID : 3630857</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
None	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="550.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 248 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Frances C. Moore</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 05 / 2013 <b>Transaction ID : 3617508</b>
Mailing Address 8140 Township Line Rd.		Amount of Each Receipt this Period 250.00
City Indianapolis	State IN	Zip Code 46260
FEC ID number of contributing federal political committee. C	Name of Employer none	
Occupation Housewife		Aggregate Year-to-Date ▼ 251.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Frances C. Moore</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 09 / 2013 <b>Transaction ID : 3620135</b>
Mailing Address 8140 Township Line Rd.		Amount of Each Receipt this Period 1.50
City Indianapolis	State IN	Zip Code 46260
FEC ID number of contributing federal political committee. C	Name of Employer none	
Occupation Housewife		Aggregate Year-to-Date ▼ 251.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ms. Barbara H. Morgan</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 18 / 2013 <b>Transaction ID : 3625560</b>
Mailing Address 5231 James Ave.		Amount of Each Receipt this Period 300.00
City Oakland	State CA	Zip Code 94618
FEC ID number of contributing federal political committee. C	Name of Employer Requested	
Occupation Requested		Aggregate Year-to-Date ▼ 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	551.50
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 249 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Cheryl Morris**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5431 Hilltop Crescent  
City Oakland State CA Zip Code 94618  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Emard Danoff Occupation Attorney  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 08 / 2013  
**Transaction ID : 3618005**  
Amount of Each Receipt this Period  
100.00

**B. Cheryl Morris**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5431 Hilltop Crescent  
City Oakland State CA Zip Code 94618  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Emard Danoff Occupation Attorney  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 27 / 2013  
**Transaction ID : 3631878**  
Amount of Each Receipt this Period  
100.00

**C. Dr. Patricia Morton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 266 Willowbrook Drive  
City North Brunswick State NJ Zip Code 08902  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Rutgers University Occupation Director, Planning & Development, Prof  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 25 / 2013  
**Transaction ID : 3629779**  
Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 250 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Ms. Barbara Moschner**  
Full Name (Last, First, Middle Initial)

Mailing Address 4606 Green Acres Woods St

City San Antonio State TX Zip Code 78249

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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2013  
**Transaction ID : 3627048**

Amount of Each Receipt this Period  
 250.00

**B. Ms. Marian M. Moss**  
Full Name (Last, First, Middle Initial)

Mailing Address 5328 Siesta Court

City Sarasota State FL Zip Code 34242

FEC ID number of contributing federal political committee. **C**

Name of Employer C.O.M. of Sarasota, Inc. Occupation Property Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 18 / 2013  
**Transaction ID : 3625455**

Amount of Each Receipt this Period  
 100.00

**C. Ms. Martha Mountain**  
Full Name (Last, First, Middle Initial)

Mailing Address 1444 Church St NW #401

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C**

Name of Employer various entertainment employers Occupation theatre professional

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2013  
**Transaction ID : 3632103**

Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 251 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Mr. Donald R. Moy**  
Full Name (Last, First, Middle Initial)

Mailing Address 79 Irving Ave.

City State Zip Code  
Floral Park NY 11001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Kern Augustine Conroy & Schoppman P.C. Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 25 / 2013  
**Transaction ID : 3629954**

Amount of Each Receipt this Period  
100.00

**B. Ms. Mary Ann Mueller**  
Full Name (Last, First, Middle Initial)

Mailing Address 7755 Dunhill DR

City State Zip Code  
Sylvania OH 43560

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Requested Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
258.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 15 / 2013  
**Transaction ID : 3621814**

Amount of Each Receipt this Period  
258.00

**C. Ms. Ann M. Muir**  
Full Name (Last, First, Middle Initial)

Mailing Address 49 Beech Terrace

City State Zip Code  
Wayne NJ 07470

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 15 / 2013  
**Transaction ID : 3622873**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 458.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 252 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Ms. Chandra Mukerji**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1410 Luneta Drive

City Del Mar	State CA	Zip Code 92014
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FEC ID number of contributing federal political committee. **C**

Name of Employer University of California, san Diego	Occupation Professor
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	04	/	2013

**Transaction ID : 3616784**

Amount of Each Receipt this Period  
100.00

**B. Ms. Chandra Mukerji**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1410 Luneta Drive

City Del Mar	State CA	Zip Code 92014
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer University of California, san Diego	Occupation Professor
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	17	/	2013

**Transaction ID : 3623927**

Amount of Each Receipt this Period  
50.00

**C. Ms. Lynn L. Mumby**  
Full Name (Last, First, Middle Initial)  
Mailing Address 19206 Atherton Lane

City Houston	State TX	Zip Code 77094
-----------------	-------------	-------------------

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 ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	08	/	2013

**Transaction ID : 3619215**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 253 OF 1350
	<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**

Full Name (Last, First, Middle Initial) <b>A. Ms. Donna Murphy</b>		Date of Receipt MM / DD / YYYY 04 / 24 / 2013 <b>Transaction ID : 3629903</b>
Mailing Address 1920 Fourth Avenue		Amount of Each Receipt this Period 150.00
City Seattle	State WA	Zip Code 98101
FEC ID number of contributing federal political committee. C		
Name of Employer Coldwell Banker Bain	Occupation sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Richard S. Murray</b>		Date of Receipt MM / DD / YYYY 04 / 18 / 2013 <b>Transaction ID : 3624384</b>
Mailing Address 2126 Fremont Ave		Amount of Each Receipt this Period 100.00
City Madison	State WI	Zip Code 53704
FEC ID number of contributing federal political committee. C		
Name of Employer Requested	Occupation Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 347.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Kay Muther</b>		Date of Receipt MM / DD / YYYY 04 / 15 / 2013 <b>Transaction ID : 3622564</b>
Mailing Address 4701 Jan DR		Amount of Each Receipt this Period 150.00
City Carmichael	State CA	Zip Code 95608
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 254 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Lynn F. Myers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 333 S Patterson St  
City State Zip Code  
State College PA 16801  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
none HOMEMAKER  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 08 / 2013  
**Transaction ID : 3619336**  
Amount of Each Receipt this Period  
100.00

**B. Ms. Joann Nassutti**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2235 Sheraton PL  
City State Zip Code  
San Mateo CA 94402  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Requested Requested  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 01 / 2013  
**Transaction ID : 3615252**  
Amount of Each Receipt this Period  
250.00

**C. Mrs. Janet E. Neff**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6814 Leonardo St  
City State Zip Code  
Coral Gables FL 33146  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Unemployed now Retired teacher  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 22 / 2013  
**Transaction ID : 3627235**  
Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 1350
	<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. Meta B. Neilson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 917 Sorrel Ln  
 City Bryn Mawr State PA Zip Code 19010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer None Occupation Homemaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 02 / 2013  
**Transaction ID : 3616207**  
 Amount of Each Receipt this Period  
 300.00

**B. Ms. Dianne E. Nelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2743 S Pitkin St  
 City Aurora State CO Zip Code 80013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer none Occupation UNEMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 26 / 2013  
**Transaction ID : 3631441**  
 Amount of Each Receipt this Period  
 100.00

**C. Mr. Paul Nemeth**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 719  
 City Kimberton State PA Zip Code 19442  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ceutica Operations,LLC Occupation Scientist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 26 / 2013  
**Transaction ID : 3631415**  
 Amount of Each Receipt this Period  
 150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 256 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Ms. Debra L Ness**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10721 Lady Slipper Terrace  
 City State Zip Code  
 Rockville MD 20852  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 National Partnership for Women & Famil public interest  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 16 / 2013  
**Transaction ID : 3621853**  
 Amount of Each Receipt this Period  
 250.00

**B. Ms. Carol Netzer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 455 N End Ave Apt 1217  
 City State Zip Code  
 New York NY 10282  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 REQUESTED REQUESTED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2013  
**Transaction ID : 3622804**  
 Amount of Each Receipt this Period  
 1000.00

**C. Eunice Neubaum**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5185 Deering Trl  
 City State Zip Code  
 Marietta GA 30068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 None Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 05 / 2013  
**Transaction ID : 3617465**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1275.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 257 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Eunice Neubaum**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5185 Deering Trl  
 City Marietta State GA Zip Code 30068  
 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 ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 14 / 2013  
**Transaction ID : 3621449**  
 Amount of Each Receipt this Period  
 15.00

**B. Eunice Neubaum**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5185 Deering Trl  
 City Marietta State GA Zip Code 30068  
 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 ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3632857**  
 Amount of Each Receipt this Period  
 75.00

**C. Ms. Ann K. Newhall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7947 Chesshire Lane N.  
 City Maple Grove State MN Zip Code 55311  
 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 19 / 2013  
**Transaction ID : 3625731**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 340.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 258 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. James A. Nicholls**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1901 Plymouth Rd  
 City Ann Arbor State MI Zip Code 48105  
 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 19 / 2013  
**Transaction ID : 3625978**  
 Amount of Each Receipt this Period  
 300.00

**B. Ms. Yolande Nicholson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35 Mary's Lane  
 City Centerport State NY Zip Code 11721  
 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 ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2013  
**Transaction ID : 3622242**  
 Amount of Each Receipt this Period  
 250.00

**C. Ms. Yolande Nicholson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35 Mary's Lane  
 City Centerport State NY Zip Code 11721  
 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 ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 22 / 2013  
**Transaction ID : 3626911**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 650.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 259 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Heather Johnston Nicholson</b>		Date of Receipt
Mailing Address 304 Park Lane		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City State Zip Code West Lafayette IN 47906		<b>Transaction ID : 3633537</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="350.00"/>
Name of Employer Self Employed	Occupation Director of Research	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="350.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Rep. Mary T. Nolan</b>		Date of Receipt
Mailing Address 910 SW Canning Street		<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City State Zip Code Portland OR 97201		<b>Transaction ID : 3627085</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="120.00"/>
Name of Employer Family Care, Inc.	Occupation VP OF COMMUNITY DEV.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Grace Nordhoff</b>		Date of Receipt
Mailing Address 7018 52nd Ave. NE		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City State Zip Code Seattle WA 98115		<b>Transaction ID : 3633347</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer Requested	Occupation Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="720.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 260 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Ms. Rebecca Noreen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11 Dunns CT  
City Stonington State CT Zip Code 06378  
FEC ID number of contributing federal political committee. **C**  
Name of Employer USCG Occupation Musician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **300.00**

Date of Receipt **04 / 15 / 2013**  
**Transaction ID : 3622762**  
Amount of Each Receipt this Period **300.00**

**B. Mr. Edward V. Norton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3330 Chauncey Place Apt 101  
City Mount Rainier State MD Zip Code 20712  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Library of Congress Occupation Legislative Analyst  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **600.00**

Date of Receipt **04 / 15 / 2013**  
**Transaction ID : 3623314**  
Amount of Each Receipt this Period **500.00**

**C. Ms. Helen A. Norton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 126 Skassen Lane  
City Harpswell State ME Zip Code 04079  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Susquehanna Pfaltzgraff Occupation Director  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 25 / 2013**  
**Transaction ID : 3630500**  
Amount of Each Receipt this Period **500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1300.00**  
**TOTAL** This Period (last page this line number only).....

**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 261 OF 1350
	<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. Kerry K. Novick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 617 Stratford Drive  
 City Ann Arbor State MI Zip Code 48104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation psychoanalyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 04 / 09 / 2013  
**Transaction ID : 3618961**  
 Amount of Each Receipt this Period  
 75.00

**B. Mrs. Kerry K. Novick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 617 Stratford Drive  
 City Ann Arbor State MI Zip Code 48104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation psychoanalyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 04 / 23 / 2013  
**Transaction ID : 3629049**  
 Amount of Each Receipt this Period  
 35.00

**C. Mrs. Kerry K. Novick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 617 Stratford Drive  
 City Ann Arbor State MI Zip Code 48104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation psychoanalyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 04 / 30 / 2013  
**Transaction ID : 3632824**  
 Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 120.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 262 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Mrs. Kerry K. Novick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 617 Stratford Drive  
 City Ann Arbor State MI Zip Code 48104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation psychoanalyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3632823**  
 Amount of Each Receipt this Period  
 50.00

**B. Jacqueline Nulty**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30010th Ave.  
 City East Northport State NY Zip Code 11731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HSBC Bank USA, N.A. Occupation Comm'l R.E. Appraiser  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 12 / 2013  
**Transaction ID : 3620890**  
 Amount of Each Receipt this Period  
 100.00

**C. Ms. Lisa Nungesser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 221 Losoya Street Fl 3  
 City San Antonio State TX Zip Code 78205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer REQUESTED Occupation Transportation Planner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 16 / 2013  
**Transaction ID : 3622257**  
 Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 263 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ms. Suzanne Oberlin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 641 manzanita Ct  
 City State Zip Code  
 Corte Madera CA 94925  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Redhill Travel travel planner  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 12 / 2013  
**Transaction ID : 3621182**  
 Amount of Each Receipt this Period  
 50.00

**B. Ms. Suzanne Oberlin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 641 manzanita Ct  
 City State Zip Code  
 Corte Madera CA 94925  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Redhill Travel travel planner  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 12 / 2013  
**Transaction ID : 3621181**  
 Amount of Each Receipt this Period  
 250.00

**C. Ms. Leslie Oelsner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1451 Canterbury Rd.  
 City State Zip Code  
 Fayetteville AR 72701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 self Requested  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 08 / 2013  
**Transaction ID : 3620770**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 264 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Nancy G. Oertel</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 17 / 2013 <b>Transaction ID : 3624036</b>
Mailing Address 3550 SW Bond Ave Unit 1003		Amount of Each Receipt this Period 100.00
City Portland	State OR	Zip Code 97239
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>B. Beth Ogilvie</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 23 / 2013 <b>Transaction ID : 3629157</b>
Mailing Address 2234 Kipling St		Amount of Each Receipt this Period 1000.00
City Castro Valley	State CA	Zip Code 94546
FEC ID number of contributing federal political committee. C		
Name of Employer none	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>c. Ms. Virginia Ogle</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2013 <b>Transaction ID : 3630044</b>
Mailing Address PO Box 277		Amount of Each Receipt this Period 500.00
City Mendenhall	State PA	Zip Code 19357
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 265 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Walter Ohlmann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1605 N Main St  
 City Dayton State OH Zip Code 45405  
 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 11 / 2013  
**Transaction ID : 3620293**  
 Amount of Each Receipt this Period  
 250.00

**B. Ms. Blanca O'Leary**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1500 Silver King Dr  
 City Aspen State CO Zip Code 81611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 19 / 2013  
**Transaction ID : 3626571**  
 Amount of Each Receipt this Period  
 100.00

**C. Ms. Jane Olin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 46 La Rancheria  
 City Carmel Valley State CA Zip Code 93924  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Photographer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 04 / 2013  
**Transaction ID : 3616780**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 266 OF 1350
	<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. Ms. Sylvia Brown Olivetti**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1917 Locust Grove Road  
 City Silver Spring State MD Zip Code 20920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer McQuade Brennan Occupation Administrative Assistant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 16 / 2013  
**Transaction ID : 3621859**  
 Amount of Each Receipt this Period  
 250.00

**B. Mr. Gary Oltmans**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 36262 Goldspring Ct  
 City Gurnee State IL Zip Code 60031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rosalind Franklin University Occupation Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 22 / 2013  
**Transaction ID : 3627153**  
 Amount of Each Receipt this Period  
 100.00

**C. Ms. Melissa O'Mara**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6049 Quail Ridge Dr  
 City Tully State NY Zip Code 13159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Schneider Electric Occupation VP Green Buildings Solutions  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 07 / 2013  
**Transaction ID : 3617955**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 267 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Ms. Melissa O'Mara</b>		Date of Receipt
Mailing Address 6049 Quail Ridge Dr		M M M / D D D / Y Y Y Y Y Y 04 / 22 / 2013
City	State	Zip Code
Tully	NY	13159
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 3628863</b>
Name of Employer Schneider Electric		Occupation VP Green Buildings Solutions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period 15.00
Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) <b>B. Ms. Muriel P O'Reilly</b>		Date of Receipt
Mailing Address 1327 Holmby Ave		M M M / D D D / Y Y Y Y Y Y 04 / 28 / 2013
City	State	Zip Code
Loa Angeles	CA	90024
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 3631310</b>
Name of Employer None		Occupation Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period 250.00
Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Robert J. Oremus</b>		Date of Receipt
Mailing Address 965 Rogers Street Unit 401		M M M / D D D / Y Y Y Y Y Y 04 / 16 / 2013
City	State	Zip Code
Downers Grove	IL	60515
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 3625454</b>
Name of Employer Requested		Occupation Requested
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period 100.00
Aggregate Year-to-Date ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	365.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 268 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Ms. Enid Oresman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 49 Sunswyck RD  
City Darien State CT Zip Code 06820  
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 ▼ 1100.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 15 / 2013  
**Transaction ID : 3622884**  
Amount of Each Receipt this Period  
1000.00

**B. Ms. Anita Orlikoff**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4744 S Kimbark Ave  
City Chicago State IL Zip Code 60615  
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 ▼ 600.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 19 / 2013  
**Transaction ID : 3626861**  
Amount of Each Receipt this Period  
600.00

**C. Ms. Barbara Oski-Beane**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7071 E Brandywine Cir  
City Fort Myers State FL Zip Code 33919  
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 ▼ 250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 16 / 2013  
**Transaction ID : 3623870**  
Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1850.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 269 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ms. Nancy Osman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 U.N. Plaza Apt. 25d  
 City State Zip Code  
 N.Y.C. NY 10017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 retired social worker  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 19 / 2013  
**Transaction ID : 3626226**  
 Amount of Each Receipt this Period  
 300.00

**B. Mrs. Judith F. Ostrow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3604 NW 60th St.  
 City State Zip Code  
 Seattle WA 98107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 REQUESTED REQUESTED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 16 / 2013  
**Transaction ID : 3622248**  
 Amount of Each Receipt this Period  
 300.00

**C. Mr. Ernesto R. Otero**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3839 Sebren Ave.  
 City State Zip Code  
 Long Beach CA 90808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 none Retired  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 17 / 2013  
**Transaction ID : 3624131**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 270 OF 1350
	<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. Ms. Carol Oukrop**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1858 Platt St.  
 City Manhattan State KS Zip Code 66502  
 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 ▼ 840.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 19 / 2013  
**Transaction ID : 3625795**  
 Amount of Each Receipt this Period  
 270.00

**B. Chelsey Owen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1640 72nd Avenue SE  
 City Mercer Island State WA Zip Code 98040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer 10th Muse Group, LLC Occupation Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 20 / 2013  
**Transaction ID : 3626632**  
 Amount of Each Receipt this Period  
 100.00

**C. Ms. Elizabeth J. Owen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Park DR  
 City Yalaha State FL Zip Code 34797  
 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 ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 19 / 2013  
**Transaction ID : 3625900**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	420.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 271 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ms. Barbara L. Owens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 Snead Fairway  
 City Portsmouth State VA Zip Code 23701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Towne Bank Occupation Internal Auditor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 04 / 2013  
**Transaction ID : 3616942**  
 Amount of Each Receipt this Period  
 400.00

**B. Ms. Patricia Pacey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3005 Center Green Dr Ste 200  
 City Boulder State CO Zip Code 80301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacey Economic, Inc Occupation ECONOMIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 08 / 2013  
**Transaction ID : 3619093**  
 Amount of Each Receipt this Period  
 1000.00

**C. Sheila Pakula**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2526 Stone Mill Rd  
 City Baltimore State MD Zip Code 21208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer none Occupation Homemaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 16 / 2013  
**Transaction ID : 3623372**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1650.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 272 OF 1350
	<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**

Full Name (Last, First, Middle Initial) <b>A. Mrs. Patricia J. Palmer</b>		Date of Receipt MM / DD / YYYY 04 / 22 / 2013 <b>Transaction ID : 3627353</b>
Mailing Address 73 Hillside Dr		Amount of Each Receipt this Period 125.00
City Wayland	State MA	Zip Code 01778
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer none	Occupation none	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Alfred A. Paradise</b>		Date of Receipt MM / DD / YYYY 04 / 12 / 2013 <b>Transaction ID : 3622077</b>
Mailing Address 3238 Betsy Lane		Amount of Each Receipt this Period 30.00
City Oak Hill	State VA	Zip Code 20171
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer General Dynamics AIS	Occupation Database Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Anita Parins</b>		Date of Receipt MM / DD / YYYY 04 / 15 / 2013 <b>Transaction ID : 3622793</b>
Mailing Address 13300 Old Indian Head Road		Amount of Each Receipt this Period 250.00
City Brandywine	State MD	Zip Code 20613
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer None	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	405.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 273 OF 1350
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Synghyok Park</b>		Date of Receipt
Mailing Address 7236 Saroni DR		<input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>
City	State	Zip Code
Oakland	CA	94611
FEC ID number of contributing federal political committee.		Transaction ID : <b>3624362</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Requested	Requested	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Joannie J. Parker</b>		Date of Receipt
Mailing Address 1727 Warnall Avenue		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code
Los Angeles	CA	90024
FEC ID number of contributing federal political committee.		Transaction ID : <b>3621063</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
None	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ms. Elaine Parks</b>		Date of Receipt
Mailing Address 703 Manor Ln		<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City	State	Zip Code
Cheyenne	WY	82009
FEC ID number of contributing federal political committee.		Transaction ID : <b>3627453</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Laramie Co. Comm Coll	Instructor	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="525.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 274 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Susan C Parks**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6898 Bacon LN  
 City Highland State CA Zip Code 92346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer none Occupation newly retired superintendent of school  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 19 / 2013  
**Transaction ID : 3626460**  
 Amount of Each Receipt this Period  
 50.00

**B. Ms. Susan V. Parsons**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8918 Day Lilly CT  
 City Fairfax State VA Zip Code 22031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DFI International Occupation Defense Contracting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2013  
**Transaction ID : 3623025**  
 Amount of Each Receipt this Period  
 300.00

**C. Ms. Marjorie Passman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3118 Todd Dr.  
 City Madison State WI Zip Code 53713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Madison, WI Schools Occupation School Board Member  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2013  
**Transaction ID : 3631341**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 275 OF 1350
	<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**

Full Name (Last, First, Middle Initial) <b>A. Ms. Rita Paul</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 15 / 2013 <b>Transaction ID : 3622678</b>
Mailing Address 32 Washington Sq W Apt 2e		Amount of Each Receipt this Period 500.00
City New York	State NY	Zip Code 10011
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation ARTIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Faith Payne</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 22 / 2013 <b>Transaction ID : 3627248</b>
Mailing Address 1745 Hobart St NW		Amount of Each Receipt this Period 250.00
City Washington	State DC	Zip Code 20009
FEC ID number of contributing federal political committee. C		
Name of Employer Requested	Occupation Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Jone Pearce</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 02 / 2013 <b>Transaction ID : 3616253</b>
Mailing Address 6 Curie Ct		Amount of Each Receipt this Period 300.00
City Irvine	State CA	Zip Code 92617
FEC ID number of contributing federal political committee. C		
Name of Employer Requested	Occupation Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 276 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Laura S Peck**  
Full Name (Last, First, Middle Initial)

Mailing Address 118 Cambridge Road

City Madison State WI Zip Code 53704

FEC ID number of contributing federal political committee. **C**

Name of Employer Axley Brynelson LLP Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 03 / 2013  
**Transaction ID : 3616361**

Amount of Each Receipt this Period 100.00

**B. Ms. Pamela D. Pelletreau**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 183  
27 Larches Way

City Woos Hole State MA Zip Code 02543

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 ▼ 230.00

Date of Receipt 04 / 24 / 2013  
**Transaction ID : 3629843**

Amount of Each Receipt this Period 20.00

**C. Mr. Stanley A. Pelli**  
Full Name (Last, First, Middle Initial)

Mailing Address 16 Cordis St

City Charlestown State MA Zip Code 02129

FEC ID number of contributing federal political committee. **C**

Name of Employer Alexander & Pelli LLP Occupation Lawyer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3633983**

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 170.00

**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 277 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Donald C Pelz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3470 Carpenter Rd Apt 211  
 City Ypsilanti State MI Zip Code 48197  
 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 ▼ 203.33

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2013  
**Transaction ID : 3622159**  
 Amount of Each Receipt this Period  
 40.00

**B. Ms. Lynne Penczer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 657 Merwins Lane  
 City Fairfield State CT Zip Code 06824  
 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 ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2013  
**Transaction ID : 3620554**  
 Amount of Each Receipt this Period  
 150.00

**c. Ms. Deborah K. Pennington**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 898 Richart Ln  
 City Greenwood State IN Zip Code 46142  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Garau Garman Hanley & Penn Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 19 / 2013  
**Transaction ID : 3625854**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 690.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 278 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Mr. Robert M. Pennoyer**  
Full Name (Last, First, Middle Initial)

Mailing Address 1133 Ave. of America  
Room 2200

City New York State NY Zip Code 10036

FEC ID number of contributing federal political committee. **C**

Name of Employer Patterson Bellings Webb & Tyler Occupation Lawyer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
04 / 29 / 2013  
**Transaction ID : 3633500**

Amount of Each Receipt this Period  
250.00

**B. Dr. Gordon Perkin**  
Full Name (Last, First, Middle Initial)

Mailing Address 302 Lakeside Ave S #103

City Seattle State WA Zip Code 98144

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 ▼  
225.00

Date of Receipt  
04 / 23 / 2013  
**Transaction ID : 3630008**

Amount of Each Receipt this Period  
50.00

**C. Ms. Sandra L. Perkins**  
Full Name (Last, First, Middle Initial)

Mailing Address 13226 42nd Ave NE

City Seattle State WA Zip Code 98125

FEC ID number of contributing federal political committee. **C**

Name of Employer Sandra Lynn Perkins, PLLC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
04 / 23 / 2013  
**Transaction ID : 3628546**

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 279 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Claudia Perles**

Mailing Address 6101 Aqua Avenue #401

City	State	Zip Code
Miami Beach	FL	33141

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
none	retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	2	/	2	0	1	3

**Transaction ID : 3620814**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Susan Perrins**

Mailing Address PO Box 211

City	State	Zip Code
Placerville	CO	81430

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Requested	Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	9	/	2	0	1	3

**Transaction ID : 3619767**

Amount of Each Receipt this Period  
750.00

Full Name (Last, First, Middle Initial)  
**C. Ms. Carol Person**

Mailing Address 26 S 30th Ave E

City	State	Zip Code
Duluth	MN	55812

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
None	Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	3	/	2	0	1	3

**Transaction ID : 3628706**

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6050.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 280 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mrs. Jean S. Perwin</b>		Date of Receipt
Mailing Address 1900 Purdy Avenue #1502		<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2013"/>
City	State	Zip Code
Miami Beach	FL	33139
FEC ID number of contributing federal political committee.		<b>Transaction ID : 3620360</b>
FEC ID number: <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
Self Employed	Attorney	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Marian Peters</b>		Date of Receipt
Mailing Address 9048 Shawn Pak Pl		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code
Orlando	FL	32819
FEC ID number of contributing federal political committee.		<b>Transaction ID : 3622188</b>
FEC ID number: <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
Grimmy, Inc	President	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ms. Lyn J Peters</b>		Date of Receipt
Mailing Address 962 Farm Haven Drive		<input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City	State	Zip Code
Rockville	MD	20852
FEC ID number of contributing federal political committee.		<b>Transaction ID : 3628310</b>
FEC ID number: <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
retired	administrator	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1200.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>



**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 281 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Ms. Barbara Peters**  
Full Name (Last, First, Middle Initial)  
Mailing Address 119 Webster St  
City Palo Alto State CA Zip Code 94301  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self employed Occupation physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **04 / 12 / 2013**  
**Transaction ID : 3620977**  
Amount of Each Receipt this Period **150.00**

**B. Leslie Petersen**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 568  
City Wilson State WY Zip Code 83014  
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 **250.00**

Date of Receipt **04 / 24 / 2013**  
**Transaction ID : 3629349**  
Amount of Each Receipt this Period **100.00**

**C. Ms. Christina F. Petra**  
Full Name (Last, First, Middle Initial)  
Mailing Address 540 W 28th St Apt 12a  
City New York State NY Zip Code 10001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Jewelry Designer  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 05 / 2013**  
**Transaction ID : 3617111**  
Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **500.00**  
**TOTAL** This Period (last page this line number only).....

**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 282 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Daphne Philipson**  
Full Name (Last, First, Middle Initial)  
Mailing Address P. O. Box 242

City Ardsley On Hudson	State NY	Zip Code 10503
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2650.00	

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 29 / 2013  
**Transaction ID : 3632055**

Amount of Each Receipt this Period  
1500.00

**B. Ms. Marjorie Phillips**  
Full Name (Last, First, Middle Initial)  
Mailing Address 71 Hawthorne Way

City Hartsdale	State NY	Zip Code 10530
FEC ID number of contributing federal political committee. C		
Name of Employer na	Occupation homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 26 / 2013  
**Transaction ID : 3631460**

Amount of Each Receipt this Period  
250.00

**C. Ms. Meredith Phillips**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4127 Old Adobe RD

City Palo Alto	State CA	Zip Code 94306
FEC ID number of contributing federal political committee. C		
Name of Employer Perseverance Press	Occupation Editor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 16 / 2013  
**Transaction ID : 3623369**

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2050.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 283 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Kathy Phillips</b>		Date of Receipt
Mailing Address 364 Main Street		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
North Andover	MA	01845
FEC ID number of contributing federal political committee.		<b>Transaction ID : 3630653</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Self	Bookseller	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Susan B Piepho</b>		Date of Receipt
Mailing Address P.O. Box 1089		<input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City	State	Zip Code
Sweet Briar	VA	24595
FEC ID number of contributing federal political committee.		<b>Transaction ID : 3624426</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Sweet Briar College	Chemistry Professor	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ms. Aileen Pierce</b>		Date of Receipt
Mailing Address 5609 Hammock Isles		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
Naples	FL	34119
FEC ID number of contributing federal political committee.		<b>Transaction ID : 3630794</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
None	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="850.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 284 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Mary D. Pietris</b>		Date of Receipt
Mailing Address 5973 Jan MAR DR		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
Falls Church	VA	22041
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Library of Congress	LIBRARIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	
		Transaction ID : <b>3629299</b>
		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>

Full Name (Last, First, Middle Initial) <b>B. Ms. Yvonne E. Pine</b>		Date of Receipt
Mailing Address 1508 Milan Ave		<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2013"/>
City	State	Zip Code
South Pasadena	CA	91030
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
None	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="325.00"/>	
		Transaction ID : <b>3620534</b>
		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>

Full Name (Last, First, Middle Initial) <b>C. Mr. Robert R. Piper</b>		Date of Receipt
Mailing Address 1705 California Street		<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2013"/>
City	State	Zip Code
Berkeley	CA	94703
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
None	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	
		Transaction ID : <b>3618885</b>
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="950.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 285 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mrs. Sandra Piwoz</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 15 / 2013 <b>Transaction ID : 3622731</b>
Mailing Address 5 Tenakill Park E Apt. 304		Amount of Each Receipt this Period 50.00
City Cresskill	State NJ	Zip Code 07626
FEC ID number of contributing federal political committee. C	Name of Employer none	Occupation retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Mrs. Sandra Piwoz</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2013 <b>Transaction ID : 3633978</b>
Mailing Address 5 Tenakill Park E Apt. 304		Amount of Each Receipt this Period 200.00
City Cresskill	State NJ	Zip Code 07626
FEC ID number of contributing federal political committee. C	Name of Employer none	Occupation retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Lynn Pocock</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 29 / 2013 <b>Transaction ID : 3631847</b>
Mailing Address 2601 Glenview Rd		Amount of Each Receipt this Period 500.00
City Glenview	State IL	Zip Code
FEC ID number of contributing federal political committee. C	Name of Employer Requested	Occupation Requested
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 286 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Eunice B. Poethig**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1000 E 53rd St Unit 613  
 City Chicago State IL Zip Code 60615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Presbyterian Church USA Occupation Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1025.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 24 / 2013  
**Transaction ID : 3629368**  
 Amount of Each Receipt this Period  
 25.00

**B. Mr. Raymond D. Poling**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1320 E 15th RD  
 City Streator State IL Zip Code 61364  
 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 ▼ 475.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2013  
**Transaction ID : 3623091**  
 Amount of Each Receipt this Period  
 350.00

**C. Ms. Chaya Sarah Pollock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 South St Apt 1  
 City Brighton State MA Zip Code 02135  
 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 ▼ 216.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 28 / 2013  
**Transaction ID : 3631307**  
 Amount of Each Receipt this Period  
 36.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 411.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 287 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Terry Poplawski</b>		Date of Receipt
Mailing Address 4726 San Feliciano Dr.		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Woodland Hills	CA	91364
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Retired	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="225.00"/>	
Amount of Each Receipt this Period		<input type="text" value="25.00"/>

Full Name (Last, First, Middle Initial) <b>B. Ms. Prudence S. Posner</b>		Date of Receipt
Mailing Address 39 N. Chestnut Street		<input type="text" value="04"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Beacon	NY	12508
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
None	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	
Amount of Each Receipt this Period		<input type="text" value="25.00"/>

Full Name (Last, First, Middle Initial) <b>C. Ms. Prudence S. Posner</b>		Date of Receipt
Mailing Address 39 N. Chestnut Street		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>
City	State	Zip Code
Beacon	NY	12508
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
None	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	
Amount of Each Receipt this Period		<input type="text" value="25.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 288 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Prudence S. Posner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 39 N. Chestnut Street  
City Beacon State NY Zip Code 12508  
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 ▼ 300.00

Date of Receipt 04 / 24 / 2013  
**Transaction ID : 3629846**  
Amount of Each Receipt this Period 25.00

**B. Ms. Suzanne K. Post**  
Full Name (Last, First, Middle Initial)  
Mailing Address 56 Eastover Ct  
City Louisville State KY Zip Code 40206  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ACLU/KY Occupation retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 25 / 2013  
**Transaction ID : 3629956**  
Amount of Each Receipt this Period 200.00

**C. Robert Post**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3300 Darby Rd Apt 6303  
City Haverford State PA Zip Code 19041  
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 ▼ 750.00

Date of Receipt 04 / 15 / 2013  
**Transaction ID : 3623069**  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 725.00  
**TOTAL** This Period (last page this line number only)..... ▶



**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 289 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Carolyn Powell**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 7480

City Boulder	State CO	Zip Code 80306
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer MVG Development	Occupation Attorney
-------------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	16	/	2013

**Transaction ID : 3625441**

Amount of Each Receipt this Period  
60.00

**B. Ms. Nancy B. Price**  
Full Name (Last, First, Middle Initial)  
Mailing Address 433 Madison

City San Antonio	State TX	Zip Code 78204
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Price Asset Management	Occupation Officer
--	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	08	/	2013

**Transaction ID : 3617360**

Amount of Each Receipt this Period  
1500.00

**C. Ms. Kathleen Pruitt**  
Full Name (Last, First, Middle Initial)  
Mailing Address W6423 Camp Evelyn RD

City Plymouth	State WI	Zip Code 53073
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer The Flower Cart	Occupation FLORAL DESIGNER
-------------------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2013

**Transaction ID : 3631436**

Amount of Each Receipt this Period  
125.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1685.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 290 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Mark Ptashne**

Mailing Address 9 East 79th St

City State Zip Code  
New York NY 10075

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Sloan Kettering scientist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2013  
**Transaction ID : 3622621**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Rosamond Purcell**

Mailing Address 121 Allston St

City State Zip Code  
Medford MA 02155

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
REQUESTED REQUESTED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 24 / 2013  
**Transaction ID : 3629735**

Amount of Each Receipt this Period  
400.00

Full Name (Last, First, Middle Initial)  
**C. Jo Ann Putnam-Scholes**

Mailing Address 20 Fairway Drive

City State Zip Code  
Barrington RI 02806

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
408.33

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 14 / 2013  
**Transaction ID : 3621477**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00

**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 291 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Jo Ann Putnam-Scholes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 Fairway Drive  
 City Barrington State RI Zip Code 02806  
 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 ▼ 408.33

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 25 / 2013  
**Transaction ID : 3629897**  
 Amount of Each Receipt this Period  
 100.00

**B. Jo Ann Putnam-Scholes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 Fairway Drive  
 City Barrington State RI Zip Code 02806  
 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 ▼ 408.33

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2013  
**Transaction ID : 3632069**  
 Amount of Each Receipt this Period  
 50.00

**C. Jo Ann Putnam-Scholes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 Fairway Drive  
 City Barrington State RI Zip Code 02806  
 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 ▼ 408.33

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3632928**  
 Amount of Each Receipt this Period  
 33.33

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 183.33  
**TOTAL** This Period (last page this line number only)..... ▶

**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 292 OF 1350
	<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. Louise Ra Nsom**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3214 Wake Robin Dr.  
 City Shelburne State VT Zip Code 05482  
 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 ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 19 / 2013  
**Transaction ID : 3628323**  
 Amount of Each Receipt this Period  
 100.00

**B. Mr. William Rader**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 316 River Road  
 City Dauphin State PA Zip Code 17018  
 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 ▼ 270.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 13 / 2013  
**Transaction ID : 3621285**  
 Amount of Each Receipt this Period  
 15.00

**C. Mr. William Rader**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 316 River Road  
 City Dauphin State PA Zip Code 17018  
 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 ▼ 270.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 21 / 2013  
**Transaction ID : 3626856**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	165.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 293 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Ms. Barbara Radwin-Garmon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3745 Lowry RD  
City Los Angeles State CA Zip Code 90027  
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 **293.00**

Date of Receipt **04 / 05 / 2013**  
**Transaction ID : 3617133**  
Amount of Each Receipt this Period **171.00**

**B. Ms. Renelle P. Rae**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1133 14st NW Ph5  
City Washington State DC Zip Code 20005  
FEC ID number of contributing federal political committee. **C**  
Name of Employer USEPA Occupation government program analyst w/JD  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **400.00**

Date of Receipt **04 / 05 / 2013**  
**Transaction ID : 3617424**  
Amount of Each Receipt this Period **100.00**

**C. Kelley Rafearty Armstrong**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3320 Kahawalu Drive  
City Honolulu State HI Zip Code 96817  
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 **1500.00**

Date of Receipt **04 / 08 / 2013**  
**Transaction ID : 3617362**  
Amount of Each Receipt this Period **1500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1771.00**  
**TOTAL** This Period (last page this line number only).....

**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 294 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Lillian Raffel**  
Full Name (Last, First, Middle Initial)  
Mailing Address 601 N Roxbury DR  
City Beverly Hills State CA Zip Code 90210  
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 ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 22 / 2013  
**Transaction ID : 3627231**  
Amount of Each Receipt this Period  
100.00

**B. Tomas Rahal**  
Full Name (Last, First, Middle Initial)  
Mailing Address 404 Commerce Street  
City Charlottesville State VA Zip Code 22903  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation chef  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 20 / 2013  
**Transaction ID : 3626631**  
Amount of Each Receipt this Period  
75.00

**C. Ms. Dorothy Raizman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 144 Kline Road  
City Ligonier State PA Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer n/a Occupation retired attorney  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 23 / 2013  
**Transaction ID : 3628960**  
Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 295 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Marilyn Raplinger**  
Full Name (Last, First, Middle Initial)

Mailing Address 11897 210th Street W

City Lakeville State MN Zip Code 55044

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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 12 / 2013

**Transaction ID : 3621705**

Amount of Each Receipt this Period  
 250.00

**B. Dr. Richard L. Rapson**  
Full Name (Last, First, Middle Initial)

Mailing Address 3334 Anoi Pl.

City Honolulu State HI Zip Code 96822

FEC ID number of contributing federal political committee. **C**

Name of Employer Both: University of Hawaii Occupation We're both professors

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 18 / 2013

**Transaction ID : 3624728**

Amount of Each Receipt this Period  
 150.00

**C. Dr. Judith Ratzan**  
Full Name (Last, First, Middle Initial)

Mailing Address 60 Edgewater Drive #9F  
Coral Gables

City Miami State FL Zip Code 33133

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Miami Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 16 / 2013

**Transaction ID : 3621864**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 650.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 296 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Patricia Rauch</b>		Date of Receipt
Mailing Address 5441 Tupper Lake		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code
Houston	TX	77056
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3633638</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
REQUESTED	REQUESTED	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Margaret Ray</b>		Date of Receipt
Mailing Address 315 SW Walnut		<input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>
City	State	Zip Code
Pullman	WA	99163
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3634459</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Garfield United Methodist Church	Pastor	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ms. Margaret Ray</b>		Date of Receipt
Mailing Address 315 SW Walnut		<input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City	State	Zip Code
Pullman	WA	99163
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3624558</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Garfield United Methodist Church	Pastor	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="325.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



**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 297 OF 1350
	<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. Mr. Gerald M. Raymond**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 234 Winding Cove Rd  
 City Marstons Mills State MA Zip Code 02648  
 Name of Employer REQUESTED Occupation REQUESTED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 04 / 22 / 2013  
**Transaction ID : 3627232**  
 Amount of Each Receipt this Period 1000.00

**B. Ms. Paula Reach**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 450 W Beverly DR  
 City Oxnard State CA Zip Code 93030  
 Name of Employer Requested Occupation Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 25 / 2013  
**Transaction ID : 3630220**  
 Amount of Each Receipt this Period 100.00

**C. Ms. Julia Reconnu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10730 Cr 4038  
 City Scurry State TX Zip Code 75158  
 Name of Employer SRM Source Occupation office manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 435.00

Date of Receipt 04 / 02 / 2013  
**Transaction ID : 3615811**  
 Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1110.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 298 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Ms. Julia Reconnu</b>		Date of Receipt
Mailing Address 10730 Cr 4038		M M M / D D D / Y Y Y Y Y Y 04 / 23 / 2013
City	State	Zip Code
Scurry	TX	75158
FEC ID number of contributing federal political committee.		Transaction ID : <b>3629117</b>
C		Amount of Each Receipt this Period
		100.00
Name of Employer	Occupation	
SRM Source	office manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	435.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Clarice Redding</b>		Date of Receipt
Mailing Address 1516 Old Lexington Rd.		M M M / D D D / Y Y Y Y Y Y 04 / 03 / 2013
City	State	Zip Code
Asheboro	NC	27205
FEC ID number of contributing federal political committee.		Transaction ID : <b>3616382</b>
C		Amount of Each Receipt this Period
		250.00
Name of Employer	Occupation	
REQUESTED	REQUESTED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	250.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Martha Reddout</b>		Date of Receipt
Mailing Address 326 Cayuga Creek Rd.		M M M / D D D / Y Y Y Y Y Y 04 / 15 / 2013
City	State	Zip Code
Alden	NY	14004
FEC ID number of contributing federal political committee.		Transaction ID : <b>3622818</b>
C		Amount of Each Receipt this Period
		50.00
Name of Employer	Occupation	
None	N/A	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 299 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ms. Doris E. Reed**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 414 Crestwood Court  
 City State Zip Code  
 Endicott NY 13760  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 None Retired  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 470.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 14 / 2013  
**Transaction ID : 3621455**  
 Amount of Each Receipt this Period  
 100.00

**B. Ms. Ann W. Regan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 424 E Government St  
 City State Zip Code  
 Pensacola FL 32502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Requested Requested  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2013  
**Transaction ID : 3633073**  
 Amount of Each Receipt this Period  
 200.00

**C. Jean Reiche**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3775 Modoc Rd #209  
 City State Zip Code  
 Santa Barbara CA 93105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 None Retired  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 19 / 2013  
**Transaction ID : 3626004**  
 Amount of Each Receipt this Period  
 200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 300 OF 1350
	<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. Carol A. Reitan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2925 E. Lincoln, Apt. 1316  
 City Bloomington State IL Zip Code 61701  
 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 **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 19 / 2013  
**Transaction ID : 3628322**  
 Amount of Each Receipt this Period  
 100.00

**B. Ms. Sue Reiter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 214 West Rd.  
 City Essex State MD Zip Code 21221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rosedale Animal Hospital Occupation VETERINARIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 22 / 2013  
**Transaction ID : 3627351**  
 Amount of Each Receipt this Period  
 250.00

**C. Patricia Reynes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2601 Glenview Road  
 City Glenview State IL Zip Code 60025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Consultant  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3634158**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... **450.00**  
**TOTAL** This Period (last page this line number only).....

**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 301 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Eleanor Rhoades**  
Full Name (Last, First, Middle Initial)  
Mailing Address 845 Los Robles Road

City Palo Alto	State CA	Zip Code 94306
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer not employed	Occupation not employed
----------------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	16	/	2013

**Transaction ID : 3625428**

Amount of Each Receipt this Period  
60.00

**B. Ms. Sarah E. Richards**  
Full Name (Last, First, Middle Initial)  
Mailing Address 511 Orchard St

City Mamaroneck	State NY	Zip Code 10543
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Thomson Reuters	Occupation Program Mgr
-------------------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	02	/	2013

**Transaction ID : 3615823**

Amount of Each Receipt this Period  
250.00

**C. Ms. Karen Riddle**  
Full Name (Last, First, Middle Initial)  
Mailing Address P. O. Box 774 Or 107 High St

City Lake View	State IA	Zip Code 51450
-------------------	-------------	-------------------

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 ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	10	/	2013

**Transaction ID : 3620524**

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	335.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 302 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Ms. Jane C. Rieffel</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 26 / 2013 <b>Transaction ID : 3631468</b>
Mailing Address 721-A Mas Amigos		Amount of Each Receipt this Period 1000.00
City Santa Barbara	State CA	Zip Code 93105
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Requested	Occupation Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Alyson P. Rieke</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 23 / 2013 <b>Transaction ID : 3629986</b>
Mailing Address 1630 43RD Ave E Apt 1200		Amount of Each Receipt this Period 125.00
City Seattle	State WA	Zip Code 98112
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Carol Rigmark</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 19 / 2013 <b>Transaction ID : 3625796</b>
Mailing Address 2043 Walters Ave.		Amount of Each Receipt this Period 300.00
City Northbrook	State IL	Zip Code 60062
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Carol Rigmark Company	Occupation GLASSWARE CONSULTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1425.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 303 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Sue Riseling</b>		Date of Receipt
Mailing Address 1914 Keyes Ave		<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City Madison	State WI	Zip Code 53711
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 3626358</b>
Name of Employer UW-Madison		Amount of Each Receipt this Period
Occupation POLICE		<input type="text" value="125.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Ms. Suzanne L. Riverman</b>		Date of Receipt
Mailing Address 2411 Ocean Vista Dr.		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City Seaside	State OR	Zip Code 97138
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 3633504</b>
Name of Employer None		Amount of Each Receipt this Period
Occupation RETIRED		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="225.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Dr. Eva And Jan Rocek</b>		Date of Receipt
Mailing Address 4031 Kennett Pike Unit 24		<input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2013"/>
City Greenville	State DE	Zip Code 19807
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 3621300</b>
Name of Employer none		Amount of Each Receipt this Period
Occupation Retired		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="400.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="325.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 304 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Jo Roebuck-Pearson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7450 Dark Canyon Rd  
 City State Zip Code  
 Rapid City SD 57702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ?? SENIOR VP  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2013  
**Transaction ID : 3615275**  
 Amount of Each Receipt this Period  
 1000.00

**B. Ms. Katherine Roeder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 411 West End Avenue  
 City State Zip Code  
 New York NY 10024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Prudential Douglas Elliman Requested  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 24 / 2013  
**Transaction ID : 3629161**  
 Amount of Each Receipt this Period  
 250.00

**C. Ms. Beverly Rogers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1901 Plaza Del Dios  
 City State Zip Code  
 Las Vegas NV 89102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 REQUESTED REQUESTED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 22 / 2013  
**Transaction ID : 3627861**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 305 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ms. Mickey H. Rosa**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 36319 Clearview Dr.  
 City Polson State MT Zip Code 59860  
 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 ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 15 / 2013  
**Transaction ID : 3623232**  
 Amount of Each Receipt this Period  
 250.00

**B. Ms. Mary Rose**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 415 Donze Ave Suite A  
 City Santa Barbara State CA Zip Code 93101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Requested Occupation Requested  
 Mary Rose & Associates Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 01 / 2013  
**Transaction ID : 3615650**  
 Amount of Each Receipt this Period  
 250.00

**C. Mr. Brian Rose**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3662 Upton ST NW  
 City Washington State DC Zip Code 20008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Requested Occupation Requested  
 None Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 17 / 2013  
**Transaction ID : 3626994**  
 Amount of Each Receipt this Period  
 200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 306 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Kathy T. Rose**  
Full Name (Last, First, Middle Initial)

Mailing Address 130 8th Avenue, # 5G

City Brooklyn	State NY	Zip Code 11215
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Sony Corporation of America	Occupation Insurance Risk Manager
---	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2013

**Transaction ID : 3621842**

Amount of Each Receipt this Period  
250.00

**B. Ms. Ruth W. Rosen**  
Full Name (Last, First, Middle Initial)

Mailing Address 5 Mt. Hood Ct.

City San Rafael	State CA	Zip Code 94903
--------------------	-------------	-------------------

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 ▼  
340.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	19	/	2013

**Transaction ID : 3628321**

Amount of Each Receipt this Period  
85.00

**C. Ms. Lynn A. Rosenberg**  
Full Name (Last, First, Middle Initial)

Mailing Address 48 Coolidge St

City Brookline	State MA	Zip Code 02446
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Boston University	Occupation medical research
---------------------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2013

**Transaction ID : 3630510**

Amount of Each Receipt this Period  
2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2335.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 307 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Louise P. Rosenfeld</b>		Date of Receipt
Mailing Address 301 Roaring Brook RD		<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City	State	Zip Code
Chappaqua	NY	10514
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>3626137</b>
Arrangements, Inc.	Interior Designer	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	<input type="text" value="250.00"/>
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. John L. Rosenfeld</b>		Date of Receipt
Mailing Address 2401 Arbutus Dr		<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code
Los Angeles	CA	90049
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>3626713</b>
UCLA	Professor of Geology, Emeritus	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="625.00"/>	<input type="text" value="100.00"/>
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. John L. Rosenfeld</b>		Date of Receipt
Mailing Address 2401 Arbutus Dr		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
Los Angeles	CA	90049
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>3630733</b>
UCLA	Professor of Geology, Emeritus	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="625.00"/>	<input type="text" value="25.00"/>
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="375.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 308 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Sheryl G Rosenfield</b>		Date of Receipt MM / DD / YYYY 04 / 11 / 2013 <b>Transaction ID : 3620368</b>
Mailing Address 13611 Deering Bay Drive Apt 901		Amount of Each Receipt this Period 1000.00
City Coral Gables	State FL	Zip Code 33158
FEC ID number of contributing federal political committee. C		
Name of Employer n/a/	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Sylvia Rosenfield</b>		Date of Receipt MM / DD / YYYY 04 / 09 / 2013 <b>Transaction ID : 3618879</b>
Mailing Address 502 Moorings Circle		Amount of Each Receipt this Period 100.00
City Arnold	State MD	Zip Code 21012
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. Mrs. Linda Rosensweig</b>		Date of Receipt MM / DD / YYYY 04 / 16 / 2013 <b>Transaction ID : 3623625</b>
Mailing Address 116 Carthage Rd.		Amount of Each Receipt this Period 250.00
City Scarsdale	State NY	Zip Code 10583
FEC ID number of contributing federal political committee. C		
Name of Employer self	Occupation tennis pro	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 309 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mrs. Nadyne Rosin</b>		Date of Receipt
Mailing Address 22934 Linden DR		<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City	State	Zip Code
Lewes	DE	19958
FEC ID number of contributing federal political committee.		<b>Transaction ID : 3627146</b>
Name of Employer Requested		Amount of Each Receipt this Period
Occupation Requested		<input type="text" value="125.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) <b>B. Ms. Molly N. Ross</b>		Date of Receipt
Mailing Address 2369 N. Vernon Street		<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2013"/>
City	State	Zip Code
Arlington	VA	22207
FEC ID number of contributing federal political committee.		<b>Transaction ID : 3616097</b>
Name of Employer Requested		Amount of Each Receipt this Period
Occupation Requested		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>C. Ms. Judith A. Rosselli</b>		Date of Receipt
Mailing Address 5521 Dalen ave		<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code
San Diego	CA	92122
FEC ID number of contributing federal political committee.		<b>Transaction ID : 3626752</b>
Name of Employer Requested		Amount of Each Receipt this Period
Occupation Requested		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="421.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1225.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 310 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Edna Caila Rossenas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1795 Shoreline Highway  
 City State Zip Code  
 Muir Beach CA 94965  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 None Retired  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 680.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2013  
**Transaction ID : 3618878**  
 Amount of Each Receipt this Period  
 100.00

**B. Ms. Edna Caila Rossenas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1795 Shoreline Highway  
 City State Zip Code  
 Muir Beach CA 94965  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 None Retired  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 680.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 11 / 2013  
**Transaction ID : 3620612**  
 Amount of Each Receipt this Period  
 25.00

**C. Ms. Edna Caila Rossenas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1795 Shoreline Highway  
 City State Zip Code  
 Muir Beach CA 94965  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 None Retired  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 680.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 12 / 2013  
**Transaction ID : 3621098**  
 Amount of Each Receipt this Period  
 35.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 160.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 311 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ms. Edna Caila Rossenas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1795 Shoreline Highway  
 City State Zip Code  
 Muir Beach CA 94965  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 None Retired  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 680.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 12 / 2013  
**Transaction ID : 3621054**  
 Amount of Each Receipt this Period  
 100.00

**B. Ms. Edna Caila Rossenas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1795 Shoreline Highway  
 City State Zip Code  
 Muir Beach CA 94965  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 None Retired  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 680.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2013  
**Transaction ID : 3629059**  
 Amount of Each Receipt this Period  
 35.00

**C. Ms. Edna Caila Rossenas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1795 Shoreline Highway  
 City State Zip Code  
 Muir Beach CA 94965  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 None Retired  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 680.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3632915**  
 Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 145.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 312 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Eugenie Ross-Leming**  
Full Name (Last, First, Middle Initial)  
Mailing Address 317 Loring Ave.  
City Los Angeles State CA Zip Code 90024  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Requested Occupation WRITER/PRODUCER  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1500.00**

Date of Receipt **04 / 15 / 2013**  
**Transaction ID : 3622663**  
Amount of Each Receipt this Period **500.00**

**B. Dr. Amy Y. Rossman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11400 Hennessey Dr.  
City Beltsville State MD Zip Code 20705  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Requested Occupation USDA scientist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **850.00**

Date of Receipt **04 / 05 / 2013**  
**Transaction ID : 3618321**  
Amount of Each Receipt this Period **100.00**

**C. Mr. Michael Rothrock**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1745 Vallejo St.  
City San Francisco State CA Zip Code 94123  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Requested Occupation Aspen Ski Co. Ski Instructor  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **680.00**

Date of Receipt **04 / 11 / 2013**  
**Transaction ID : 3620431**  
Amount of Each Receipt this Period **100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **700.00**  
**TOTAL** This Period (last page this line number only).....



**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 313 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Mr. Michael Rothrock**  
Full Name (Last, First, Middle Initial)

Mailing Address 1745 Vallejo St.

City San Francisco	State CA	Zip Code 94123
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FEC ID number of contributing federal political committee. **C**

Name of Employer Aspen Ski Co.	Occupation Ski Instructor
-----------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
680.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2013

**Transaction ID : 3624466**

Amount of Each Receipt this Period  

20.00
-------

**B. Mr. Michael Rothrock**  
Full Name (Last, First, Middle Initial)

Mailing Address 1745 Vallejo St.

City San Francisco	State CA	Zip Code 94123
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Aspen Ski Co.	Occupation Ski Instructor
-----------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
680.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2013

**Transaction ID : 3629133**

Amount of Each Receipt this Period  

100.00
--------

**C. Ms. Jessie P. Rousmaniere**  
Full Name (Last, First, Middle Initial)

Mailing Address 2000 Emerald CT Unit 333

City Tewksbury	State MA	Zip Code 01876
-------------------	-------------	-------------------

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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2013

**Transaction ID : 3628429**

Amount of Each Receipt this Period  

125.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	245.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 314 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Valerie Rowe</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 23 / 2013 <b>Transaction ID : 3628454</b>
Mailing Address 300 Central Park W 29g		Amount of Each Receipt this Period 1000.00
City New York	State NY	Zip Code 10024
FEC ID number of contributing federal political committee. C		
Name of Employer Fordham University	Occupation Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

Full Name (Last, First, Middle Initial) <b>B. Mrs. Judith S Rowe</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 05 / 2013 <b>Transaction ID : 3618309</b>
Mailing Address 4701 Willard Avenue, Apt 405		Amount of Each Receipt this Period 25.00
City Chevy Chase	State MD	Zip Code 20815
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Mrs. Judith S Rowe</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 23 / 2013 <b>Transaction ID : 3629128</b>
Mailing Address 4701 Willard Avenue, Apt 405		Amount of Each Receipt this Period 100.00
City Chevy Chase	State MD	Zip Code 20815
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 315 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Mrs. Judith S Rowe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4701 Willard Avenue, Apt 405  
 City Chevy Chase State MD Zip Code 20815  
 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3632875**  
 Amount of Each Receipt this Period  
 50.00

**B. Ms. Basha Rubin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 502 Park Avenue - Ph 25  
 City New York State NY Zip Code 10022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer None Occupation None  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 20 / 2013  
**Transaction ID : 3626633**  
 Amount of Each Receipt this Period  
 1000.00

**C. Elizabeth Rudee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7450 Olivetas Ave., Apt. 113  
 City La Jolla State CA Zip Code 92037  
 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2013  
**Transaction ID : 3620059**  
 Amount of Each Receipt this Period  
 75.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 316 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Elizabeth Rudee**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7450 Olivetas Ave., Apt. 113

City La Jolla	State CA	Zip Code 92037
------------------	-------------	-------------------

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 ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		25		2013

**Transaction ID : 3629865**

Amount of Each Receipt this Period  
50.00

**B. Elizabeth Rudee**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7450 Olivetas Ave., Apt. 113

City La Jolla	State CA	Zip Code 92037
------------------	-------------	-------------------

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 ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		30		2013

**Transaction ID : 3632878**

Amount of Each Receipt this Period  
50.00

**C. Dr. Sally Rudicel**  
Full Name (Last, First, Middle Initial)  
Mailing Address 19 Islington Road

City Auburndale	State MA	Zip Code 02466
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer New England Medical Center	Occupation Surgeon
--	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		12		2013

**Transaction ID : 3621576**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 317 OF 1350  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial)  
**A. Sally Rynne**

Mailing Address 566 Lincoln  
Unit 3b

City Winnetka State IL Zip Code 60093

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 ▼  
225.00

Date of Receipt  
04 / 09 / 2013  
**Transaction ID : 3618973**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. Sally Rynne**

Mailing Address 566 Lincoln  
Unit 3b

City Winnetka State IL Zip Code 60093

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 ▼  
225.00

Date of Receipt  
04 / 18 / 2013  
**Transaction ID : 3624663**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**C. Ms. Juliet M. Sabit**

Mailing Address 20501 Woodmont St

City Harper Woods State MI Zip Code 48225

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 ▼  
1000.00

Date of Receipt  
04 / 12 / 2013  
**Transaction ID : 3621565**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 650.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 318 OF 1350
	<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. Ms. Meryl R. Sachs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 83 Buckthorn Court  
 City State Zip Code  
 Paramus NJ 07652  
 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 ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2013  
**Transaction ID : 3621773**  
 Amount of Each Receipt this Period  
 100.00

**B. Ms. Meryl R. Sachs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 83 Buckthorn Court  
 City State Zip Code  
 Paramus NJ 07652  
 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 ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 16 / 2013  
**Transaction ID : 3623519**  
 Amount of Each Receipt this Period  
 100.00

**C. Mr. David Saltonstall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 235 E. 22nd Street, Apt. 4K  
 City State Zip Code  
 New York NY 10010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Requested Occupation Requested  
 None Retired  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2013  
**Transaction ID : 3622530**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 319 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ms. Jean Sampson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 744 Oak Street  
 City Winnetka State IL Zip Code 60093  
 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 ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 24 / 2013  
**Transaction ID : 3630028**  
 Amount of Each Receipt this Period  
 500.00

**B. Ms. Vicki Boxer Samson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 42108 N 101st Way  
 City Scottsdale State AZ Zip Code 85262  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer REQUESTED Occupation Homemaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 03 / 2013  
**Transaction ID : 3616410**  
 Amount of Each Receipt this Period  
 1000.00

**C. Sam Sanders**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6516 W Stanley Rd  
 City Mount Morris State MI Zip Code 48458  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer gm Occupation labor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 01 / 2013  
**Transaction ID : 3614492**  
 Amount of Each Receipt this Period  
 15.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1515.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 320 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Sam Sanders</b>		Date of Receipt MM / DD / YYYY 04 / 12 / 2013 <b>Transaction ID : 3620936</b>
Mailing Address 6516 W Stanley Rd		Amount of Each Receipt this Period 730.00
City Mount Morris	State MI	Zip Code 48458
FEC ID number of contributing federal political committee. C	Name of Employer gm	Occupation labor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 730.00	

Full Name (Last, First, Middle Initial) <b>B. Sam Sanders</b>		Date of Receipt MM / DD / YYYY 04 / 12 / 2013 <b>Transaction ID : 3620935</b>
Mailing Address 6516 W Stanley Rd		Amount of Each Receipt this Period 75.00
City Mount Morris	State MI	Zip Code 48458
FEC ID number of contributing federal political committee. C	Name of Employer gm	Occupation labor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 730.00	

Full Name (Last, First, Middle Initial) <b>C. Sam Sanders</b>		Date of Receipt MM / DD / YYYY 04 / 15 / 2013 <b>Transaction ID : 3622056</b>
Mailing Address 6516 W Stanley Rd		Amount of Each Receipt this Period 15.00
City Mount Morris	State MI	Zip Code 48458
FEC ID number of contributing federal political committee. C	Name of Employer gm	Occupation labor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 730.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 321 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Sam Sanders**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6516 W Stanley Rd

City Mount Morris	State MI	Zip Code 48458
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer gm	Occupation labor
------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
730.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	26	/	2013

**Transaction ID : 3630696**

Amount of Each Receipt this Period  
15.00

**B. Sam Sanders**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6516 W Stanley Rd

City Mount Morris	State MI	Zip Code 48458
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer gm	Occupation labor
------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
730.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	28	/	2013

**Transaction ID : 3631354**

Amount of Each Receipt this Period  
25.00

**C. Sam Sanders**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6516 W Stanley Rd

City Mount Morris	State MI	Zip Code 48458
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer gm	Occupation labor
------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
730.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	30	/	2013

**Transaction ID : 3632780**

Amount of Each Receipt this Period  
10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 322 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Ms. Joanne M Sanders**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5144 Carrollton Ave

City Indianapolis	State IN	Zip Code 46205
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer IATSE	Occupation Int'l Rep
---------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	16	/	2013

**Transaction ID : 3625450**

Amount of Each Receipt this Period  
100.00

**B. Mrs. Jo Sanders**  
Full Name (Last, First, Middle Initial)  
Mailing Address 354 N Normal St

City Macomb	State IL	Zip Code 61455
----------------	-------------	-------------------

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 ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	29	/	2013

**Transaction ID : 3633077**

Amount of Each Receipt this Period  
1000.00

**C. Rev. Joanne Sanders**  
Full Name (Last, First, Middle Initial)  
Mailing Address 732 Laural Avenue

City Menlo Park	State CA	Zip Code 94025
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Stanford	Occupation Associate Dean
------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2013

**Transaction ID : 3621235**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 323 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Robert P. Sands</b>		Date of Receipt
Mailing Address 6675 Tepee Ridge Rd W		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
Bozeman	MT	59715
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3629277</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
REQUESTED	REQUESTED	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Mr. William D. Savedoff</b>		Date of Receipt
Mailing Address 25 Meadow Road		<input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City	State	Zip Code
Arrowsic	ME	04530
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3624501</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Social Insight	Economist	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="450.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Ms. Ann C Schaffner</b>		Date of Receipt
Mailing Address Apt 418 20 Watertown St.		<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City	State	Zip Code
Watertown	MA	02472
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3628311</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Franklin W. Olin College of Engineerin	College Administrator	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="375.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 324 OF 1350
	<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. Ms. Harriette R. Schecter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 180 East 79th Street  
 Apt.17B  
 City New York State NY Zip Code 10075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Homemaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 26 / 2013  
**Transaction ID : 3630688**  
 Amount of Each Receipt this Period  
 50.00

**B. Ms. Janet B. Scher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1050 West Cross St  
 City Lakewood State NJ Zip Code 08701  
 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 ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 16 / 2013  
**Transaction ID : 3621858**  
 Amount of Each Receipt this Period  
 250.00

**C. Pat Schilling**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23 Morning Glory  
 City Irvine State CA Zip Code 92603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer tugboat software Occupation software engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 26 / 2013  
**Transaction ID : 3630895**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 325 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Pat Schilling**  
Full Name (Last, First, Middle Initial)

Mailing Address 23 Morning Glory

City Irvine State CA Zip Code 92603

FEC ID number of contributing federal political committee. **C**

Name of Employer tugboat software Occupation software engineer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2013

**Transaction ID : 3632092**

Amount of Each Receipt this Period  
 50.00

**B. Ms. Carole Schlessinger**  
Full Name (Last, First, Middle Initial)

Mailing Address 24 Greenwich Park # 3

City Boston State MA Zip Code 02118

FEC ID number of contributing federal political committee. **C**

Name of Employer crosby schlessinger smallridge Occupation urban planner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 05 / 2013

**Transaction ID : 3617208**

Amount of Each Receipt this Period  
 250.00

**C. Ms. Rosemary T Schmidt**  
Full Name (Last, First, Middle Initial)

Mailing Address 214 Loma Avenue 90803

City Long Beach State CA Zip Code 90803

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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 06 / 2013

**Transaction ID : 3618154**

Amount of Each Receipt this Period  
 75.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 326 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Helen Schneeberg</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 27 / 2013 <b>Transaction ID : 3631106</b>
Mailing Address 2180 Post St. #321			Amount of Each Receipt this Period 25.00
City San Francisco	State CA	Zip Code 94115	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 275.00
Name of Employer None		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Ms. Helen Schneeberg</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 27 / 2013 <b>Transaction ID : 3631107</b>
Mailing Address 2180 Post St. #321			Amount of Each Receipt this Period 25.00
City San Francisco	State CA	Zip Code 94115	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 275.00
Name of Employer None		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Ms. Helen Schneeberg</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 27 / 2013 <b>Transaction ID : 3631108</b>
Mailing Address 2180 Post St. #321			Amount of Each Receipt this Period 25.00
City San Francisco	State CA	Zip Code 94115	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 275.00
Name of Employer None		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 327 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Helen Schneeberg**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2180 Post St. #321

City San Francisco	State CA	Zip Code 94115
-----------------------	-------------	-------------------

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 ▼  
275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 27 / 2013  
**Transaction ID : 3631090**

Amount of Each Receipt this Period  
100.00

**B. Ms. Sari Rose Schneider**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9802 Mercerwood Dr.

City Mercer Island	State WA	Zip Code 98040
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Volunteer
-------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 16 / 2013  
**Transaction ID : 3623467**

Amount of Each Receipt this Period  
250.00

**C. Dr. Rachel Schonberger**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1686 Grove Park Way

City Decatur	State GA	Zip Code 30033
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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 ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 30 / 2013  
**Transaction ID : 3633001**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 328 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Lyrna Schoon</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2013 <b>Transaction ID : 3629209</b>
Mailing Address 943 E Hermosa DR		Amount of Each Receipt this Period 250.00
City Tempe	State AZ	Zip Code 85282
FEC ID number of contributing federal political committee. C		
Name of Employer REQUESTED	Occupation Educator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Phyllis Schreiber</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 10 / 2013 <b>Transaction ID : 3620016</b>
Mailing Address 200 W Washington Sq Apt 1908		Amount of Each Receipt this Period 250.00
City Philadelphia	State PA	Zip Code 19106
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Jewelry artist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Stephanie Schriock</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 20 / 2013 <b>Transaction ID : 3628326</b>
Mailing Address 3225 Valley Drive		Amount of Each Receipt this Period 100.00
City Alexandria	State VA	Zip Code 22302
FEC ID number of contributing federal political committee. C		
Name of Employer EMILY's List	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 329 OF 1350
	<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. Dr. Faye Schuett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23211 Cass Ave  
 City Farmington State MI Zip Code 48335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: retired Occupation: retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt: 04 / 16 / 2013  
**Transaction ID : 3625457**  
 Amount of Each Receipt this Period: 100.00

**B. Dr. Faye Schuett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23211 Cass Ave  
 City Farmington State MI Zip Code 48335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: retired Occupation: retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt: 04 / 26 / 2013  
**Transaction ID : 3634464**  
 Amount of Each Receipt this Period: 100.00

**C. Ms. Elsa N. Schultz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Coe Road, #111  
 City Belleair State FL Zip Code 33756  
 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 ▼ 250.00

Date of Receipt: 04 / 16 / 2013  
**Transaction ID : 3621862**  
 Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 330 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Jeffrey Schwartz</b>		Date of Receipt
Mailing Address 310 Piliwale Rd		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code
Kula	HI	96790
FEC ID number of contributing federal political committee.		<b>Transaction ID : 3620895</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Self	Consultant	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="225.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Kenneth Scott</b>		Date of Receipt
Mailing Address 4955 Diane Rose Ln NE		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Scotts Mills	OR	97375
FEC ID number of contributing federal political committee.		<b>Transaction ID : 3633720</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="150.00"/>
Name of Employer	Occupation	
retired	retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="225.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ms. Jeanne L Sebaugh</b>		Date of Receipt
Mailing Address 3609 Holly Hills Ct.		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Columbia	MO	65203
FEC ID number of contributing federal political committee.		<b>Transaction ID : 3629153</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Retired	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="425.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 331 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Nina Segre**  
Full Name (Last, First, Middle Initial)

Mailing Address 226 West Rittenhouse Square  
Apt.305

City Philadelphia State PA Zip Code 19103

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 ▼  
250.00

Date of Receipt  
04 / 10 / 2013  
**Transaction ID : 3620052**

Amount of Each Receipt this Period  
250.00

**B. Ms. Susan Seidel**  
Full Name (Last, First, Middle Initial)

Mailing Address 425 East 63rd St

City New York State NY Zip Code 10065

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation art dealer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
04 / 06 / 2013  
**Transaction ID : 3617664**

Amount of Each Receipt this Period  
100.00

**C. Ms. Ellen Seidman**  
Full Name (Last, First, Middle Initial)

Mailing Address 2558 36th Street, NW

City Washington State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Self-employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
04 / 09 / 2013  
**Transaction ID : 3618887**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 332 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Alice Lewis Sessions**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3920 Argyle Ter NW  
City Washington State DC Zip Code 20011  
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 ▼ 460.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 15 / 2013  
**Transaction ID : 3622183**  
Amount of Each Receipt this Period  
100.00

**B. Mardena Shader**  
Full Name (Last, First, Middle Initial)  
Mailing Address 140 Wisteria Dr.  
City Longwood State FL Zip Code 32779  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Homemaker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 239.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 30 / 2013  
**Transaction ID : 3633975**  
Amount of Each Receipt this Period  
114.00

**C. Ms. Jeanne Shaheen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 73 Perkins RD  
City Madbury State NH Zip Code 03823  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Harvard University Occupation College Administration  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 02 / 2013  
**Transaction ID : 3616119**  
Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 714.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 333 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Susan E Shapiro</b>		Date of Receipt MM / DD / YYYY 04 / 20 / 2013 <b>Transaction ID : 3626655</b>
Mailing Address 565 Peachtree Street NE #1204		Amount of Each Receipt this Period 250.00
City Atlanta	State GA	Zip Code 30308
FEC ID number of contributing federal political committee. C		
Name of Employer Emory Healthcare	Occupation nurse executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Ruth Share</b>		Date of Receipt MM / DD / YYYY 04 / 02 / 2013 <b>Transaction ID : 3616064</b>
Mailing Address 713 Maple Hill Lane		Amount of Each Receipt this Period 1000.00
City Birmingham	State MI	Zip Code 48009
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Frances Shaw</b>		Date of Receipt MM / DD / YYYY 04 / 17 / 2013 <b>Transaction ID : 3624127</b>
Mailing Address 3604 Fulton St E Apt 338		Amount of Each Receipt this Period 75.00
City Grand Rapids	State MI	Zip Code 49546
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1325.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 334 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Dr. Conrad Sheff**  
Full Name (Last, First, Middle Initial)

Mailing Address 101 Crystal Terrace Dr

City Klamath Falls State OR Zip Code 97601

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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3632809**

Amount of Each Receipt this Period  
 100.00

**B. Ms. Marilyn Sherwood**  
Full Name (Last, First, Middle Initial)

Mailing Address 8171 Bay Colony Dr. #1704

City Naples State FL Zip Code 34108

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 16 / 2013  
**Transaction ID : 3623570**

Amount of Each Receipt this Period  
 1000.00

**C. Patricia Short**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 457

City Spring Arbor State MI Zip Code 49283

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 ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2013  
**Transaction ID : 3631325**

Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 335 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Mrs. Margaret Shultz**  
Full Name (Last, First, Middle Initial)

Mailing Address 25 Alden Rd.

City Larchmont State NY Zip Code 10538

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 09 / 2013

**Transaction ID : 3619702**

Amount of Each Receipt this Period  
250.00

**B. Ms. Patricia D. Shure**  
Full Name (Last, First, Middle Initial)

Mailing Address 1127 Brooks St

City Ann Arbor State MI Zip Code 48103

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 ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 29 / 2013

**Transaction ID : 3632047**

Amount of Each Receipt this Period  
1000.00

**C. Roland Sicard**  
Full Name (Last, First, Middle Initial)

Mailing Address 2136 Hubbard Ave

City Salt Lake City State UT Zip Code 84108

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 ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 09 / 2013

**Transaction ID : 3618940**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 336 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Roland Sicard</b>		Date of Receipt
Mailing Address 2136 Hubbard Ave		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
Salt Lake City	UT	84108
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>3622168</b>
None	Retired	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	<input type="text" value="50.00"/>

Full Name (Last, First, Middle Initial) <b>B. Ms. Maureen F. Siegel</b>		Date of Receipt
Mailing Address 40 Silver Birch Road		<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City	State	Zip Code
Waban	MA	02468
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>3627142</b>
REQUESTED	REQUESTED	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="438.00"/>	<input type="text" value="188.00"/>

Full Name (Last, First, Middle Initial) <b>C. Ms. Elinor Siklossy</b>		Date of Receipt
Mailing Address 155 Seabreeze Avenue		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code
Palm Beach	FL	33480
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>3630039</b>
Congaree Partnership	Investment Adviser	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="738.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



**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 337 OF 1350
<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**

Full Name (Last, First, Middle Initial) <b>A. Mr. Edward Silha</b>		Date of Receipt
Mailing Address 11509 Pyreneese Dr		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Austin	TX	78759
FEC ID number of contributing federal political committee.		Transaction ID : <b>3632881</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	
None	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="245.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mrs. Lila Silverman</b>		Date of Receipt
Mailing Address 4054 Cranbrook Court		<input type="text" value="04"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Bloomfield Hills	MI	48301
FEC ID number of contributing federal political committee.		Transaction ID : <b>3616766</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
None	homemaker	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2325.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mrs. Lila Silverman</b>		Date of Receipt
Mailing Address 4054 Cranbrook Court		<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City	State	Zip Code
Bloomfield Hills	MI	48301
FEC ID number of contributing federal political committee.		Transaction ID : <b>3626446</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="75.00"/>
Name of Employer	Occupation	
None	homemaker	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2325.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1095.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 338 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Alvin Silverman</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 02 / 2013 <b>Transaction ID : 3616282</b>
Mailing Address 110 Redwood DR		Amount of Each Receipt this Period 200.00
City Roslyn	State NY	Zip Code 11576
FEC ID number of contributing federal political committee. C		
Name of Employer REQUESTED	Occupation REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Mrs. Frederick J. Simon</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 22 / 2013 <b>Transaction ID : 3627234</b>
Mailing Address 1308 Jackson St Ste 614		Amount of Each Receipt this Period 500.00
City Omaha	State NE	Zip Code 68102
FEC ID number of contributing federal political committee. C		
Name of Employer REQUESTED	Occupation REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Michael A. Simpson</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 10 / 2013 <b>Transaction ID : 3620377</b>
Mailing Address 10 Somerset Place		Amount of Each Receipt this Period 200.00
City Wilmington	State MA	Zip Code 01887
FEC ID number of contributing federal political committee. C		
Name of Employer The Bank of New York Mellon	Occupation Accounting Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 339 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Michael A. Simpson</b>		Date of Receipt
Mailing Address 10 Somerset Place		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City Wilmington	State MA	Zip Code 01887
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 3629552</b>
Name of Employer The Bank of New York Mellon		Amount of Each Receipt this Period
Occupation Accounting Manager		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="4800.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Ms. Linda C Singer</b>		Date of Receipt
Mailing Address 5249 SW 71 Place		<input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City Miami	State FL	Zip Code 33155
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 3617678</b>
Name of Employer self		Amount of Each Receipt this Period
Occupation lawyer		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Ms. Nancy Skinner</b>		Date of Receipt
Mailing Address 1724 Highland Drive		<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City Newport Beach	State CA	Zip Code 92660
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 3620014</b>
Name of Employer None		Amount of Each Receipt this Period
Occupation Housewife		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="425.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1300.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 340 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Nancy Skinner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1724 Highland Drive

City Newport Beach	State CA	Zip Code 92660
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer None	Occupation Housewife
--------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2013

**Transaction ID : 3629076**

Amount of Each Receipt this Period  
50.00

**B. Ms. Nancy Skinner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1724 Highland Drive

City Newport Beach	State CA	Zip Code 92660
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer None	Occupation Housewife
--------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2013

**Transaction ID : 3630690**

Amount of Each Receipt this Period  
75.00

**C. Ms. Patricia E. Sklar**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2704 W. Morse Avenue

City Chicago	State IL	Zip Code 60645
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer sklar & Associates	Occupation Recruiter
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2013

**Transaction ID : 3630025**

Amount of Each Receipt this Period  
150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	275.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 341 OF 1350
	<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. Nancy Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1107 First Ave #1404  
 City Seattle State WA Zip Code 98101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NA Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 23 / 2013  
**Transaction ID : 3629154**  
 Amount of Each Receipt this Period  
 500.00

**B. Mrs. Laura W. Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2919 Gulf Shore Blvd. North, #103  
 City Naples State FL Zip Code 34103  
 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 ▼ 800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 01 / 2013  
**Transaction ID : 3615270**  
 Amount of Each Receipt this Period  
 250.00

**C. Ms. Kathryn Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 7358  
 City Little Rock State AR Zip Code 72217  
 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 ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 16 / 2013  
**Transaction ID : 3623569**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 342 OF 1350
	<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. Ms. Martha C. Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Colley Ave., Apt. 1202  
 City Norfolk State VA Zip Code 23510  
 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 ▼ 400.00

Date of Receipt  
 04 / 29 / 2013  
**Transaction ID : 3633035**  
 Amount of Each Receipt this Period  
 200.00

**B. Ms. Margaret A. Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 539 Epperly Mill Rd. SW  
 City Floyd State VA Zip Code 24091  
 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 ▼ 300.00

Date of Receipt  
 04 / 11 / 2013  
**Transaction ID : 3620353**  
 Amount of Each Receipt this Period  
 100.00

**C. Ms. Donna Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10025 Summer Oak Ln Unit 101  
 City Las Vegas State NV Zip Code 89134  
 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 ▼ 250.00

Date of Receipt  
 04 / 19 / 2013  
**Transaction ID : 3626881**  
 Amount of Each Receipt this Period  
 150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 343 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Wendy Smith</b>		Date of Receipt
Mailing Address 445 Layton Way		<input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2013"/>
City	State	Zip Code
Los Angeles	CA	90049
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3621274</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
University of Southern California	professor and associate dean	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Ms. Suzelle M. Smith</b>		Date of Receipt
Mailing Address 3574 Serra Rd.		<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2013"/>
City	State	Zip Code
Malibu	CA	90265
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3616039</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Requested	Attorney	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Ms. Suzelle M. Smith</b>		Date of Receipt
Mailing Address 3574 Serra Rd.		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Malibu	CA	90265
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3630471</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Requested	Attorney	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="600.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="850.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 344 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Ms. Ellen Snee**  
Full Name (Last, First, Middle Initial)

Mailing Address 2140 santa cruz ave c203

City	State	Zip Code
Menlo Park	CA	94025

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
VMware	executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	10	/	2013

**Transaction ID : 3619897**

Amount of Each Receipt this Period  
250.00

**B. Ms. Janet W. Solinger**  
Full Name (Last, First, Middle Initial)

Mailing Address 2801 New Mexico Avenue, NW  
Apt. 707

City	State	Zip Code
Washington	DC	20007

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Requested	Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	15	/	2013

**Transaction ID : 3623340**

Amount of Each Receipt this Period  
500.00

**C. Mrs. Andrea K. Solomon**  
Full Name (Last, First, Middle Initial)

Mailing Address 1128 Sherwood Shores Dr.

City	State	Zip Code
Spring City	TN	37381

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
REQUESTED	REQUESTED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	22	/	2013

**Transaction ID : 3627130**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 345 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ms. Elsie F. Sorgenfrei**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21120 Dubuque Road  
 City Snohomish State WA Zip Code 98290  
 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 ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2013  
**Transaction ID : 3633498**  
 Amount of Each Receipt this Period  
 250.00

**B. Ms. Barbara Spadanuta**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 Coventry Road  
 City Baldwin State NY Zip Code 11510  
 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 ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 16 / 2013  
**Transaction ID : 3623868**  
 Amount of Each Receipt this Period  
 250.00

**C. Ms. Barbara Spadanuta**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 Coventry Road  
 City Baldwin State NY Zip Code 11510  
 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 ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3633842**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 346 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Ms. Shirley Spaeth</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 25 / 2013 <b>Transaction ID : 3629861</b>
Mailing Address 605 Universe Blvd. T 707		Amount of Each Receipt this Period 100.00
City Juno Beach	State FL	Zip Code 33408
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Robert J. Spear</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 16 / 2013 <b>Transaction ID : 3625389</b>
Mailing Address 190 south shore rd		Amount of Each Receipt this Period 20.00
City Swanton	State MD	Zip Code 21561
FEC ID number of contributing federal political committee. C		
Name of Employer Prince George's Community College	Occupation Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

Full Name (Last, First, Middle Initial) <b>c. Dr. Robert J. Spear</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 20 / 2013 <b>Transaction ID : 3628217</b>
Mailing Address 190 south shore rd		Amount of Each Receipt this Period 25.00
City Swanton	State MD	Zip Code 21561
FEC ID number of contributing federal political committee. C		
Name of Employer Prince George's Community College	Occupation Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	145.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 347 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Beverly Spector</b>		Date of Receipt MM / DD / YYYY 04 / 25 / 2013 <b>Transaction ID : 3629932</b>
Mailing Address 75 27th Avenue		Amount of Each Receipt this Period 1000.00
City San Francisco	State CA	Zip Code 94121
FEC ID number of contributing federal political committee. C	Name of Employer Britex Fabrics	Occupation Owner
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Christine Speiser</b>		Date of Receipt MM / DD / YYYY 04 / 29 / 2013 <b>Transaction ID : 3633071</b>
Mailing Address 135 S Kensington Ave.		Amount of Each Receipt this Period 500.00
City La Grange	State IL	Zip Code 60525
FEC ID number of contributing federal political committee. C	Name of Employer Requested	Occupation Requested
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Myra Spencer-Easton</b>		Date of Receipt MM / DD / YYYY 04 / 02 / 2013 <b>Transaction ID : 3615801</b>
Mailing Address 7315 Golden Iris Ct		Amount of Each Receipt this Period 15.00
City Springfield	State VA	Zip Code 22153
FEC ID number of contributing federal political committee. C	Name of Employer Self	Occupation Interior design
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 485.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1515.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 348 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Myra Spencer-Easton</b>		Date of Receipt
Mailing Address 7315 Golden Iris Ct		M M M / D D D / Y Y Y Y Y Y 04 / 02 / 2013
City Springfield	State VA	Zip Code 22153
FEC ID number of contributing federal political committee. C		<b>Transaction ID : 3615802</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Interior design		25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
485.00		

Full Name (Last, First, Middle Initial) <b>B. Ms. Myra Spencer-Easton</b>		Date of Receipt
Mailing Address 7315 Golden Iris Ct		M M M / D D D / Y Y Y Y Y Y 04 / 15 / 2013
City Springfield	State VA	Zip Code 22153
FEC ID number of contributing federal political committee. C		<b>Transaction ID : 3622145</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Interior design		25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
485.00		

Full Name (Last, First, Middle Initial) <b>C. Ms. Myra Spencer-Easton</b>		Date of Receipt
Mailing Address 7315 Golden Iris Ct		M M M / D D D / Y Y Y Y Y Y 04 / 16 / 2013
City Springfield	State VA	Zip Code 22153
FEC ID number of contributing federal political committee. C		<b>Transaction ID : 3624529</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Interior design		25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
485.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 349 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ms. Myra Spencer-Easton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7315 Golden Iris Ct  
 City Springfield State VA Zip Code 22153  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Interior design  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 485.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 21 / 2013  
**Transaction ID : 3626694**  
 Amount of Each Receipt this Period  
 25.00

**B. Ms. Myra Spencer-Easton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7315 Golden Iris Ct  
 City Springfield State VA Zip Code 22153  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Interior design  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 485.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 23 / 2013  
**Transaction ID : 3629078**  
 Amount of Each Receipt this Period  
 50.00

**C. Richard Sperber**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 408 St Anns Avenue  
 City Douglas State AK Zip Code 99824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer None Occupation None  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 05 / 2013  
**Transaction ID : 3617434**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 95.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 350 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Richard Sperber**  
Full Name (Last, First, Middle Initial)

Mailing Address 408 St Anns Avenue

City Douglas State AK Zip Code 99824

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation None

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 11 / 2013  
**Transaction ID : 3629177**

Amount of Each Receipt this Period  
 5.00

**B. Richard Sperber**  
Full Name (Last, First, Middle Initial)

Mailing Address 408 St Anns Avenue

City Douglas State AK Zip Code 99824

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation None

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 22 / 2013  
**Transaction ID : 3628207**

Amount of Each Receipt this Period  
 20.00

**c. Mr. Robert R. Sprentall**  
Full Name (Last, First, Middle Initial)

Mailing Address 202 South Berrien St.

City New Buffalo State MI Zip Code 49117

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 ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2013  
**Transaction ID : 3622603**

Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1025.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 351 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Carl Stacey</b>		Date of Receipt
Mailing Address 600 Benham CT		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>
City	State	Zip Code
Newark	DE	19711
FEC ID number of contributing federal political committee.		Transaction ID : <b>3623393</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="125.00"/>
Name of Employer	Occupation	
None	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Eve M. Stacey</b>		Date of Receipt
Mailing Address 2409 Monroe St.		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code
Columbia	SC	29205
FEC ID number of contributing federal political committee.		Transaction ID : <b>3630511</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="75.00"/>
Name of Employer	Occupation	
S.C. Bar	Assoc. Executive	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="325.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ms. Eve M. Stacey</b>		Date of Receipt
Mailing Address 2409 Monroe St.		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code
Columbia	SC	29205
FEC ID number of contributing federal political committee.		Transaction ID : <b>3630041</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
S.C. Bar	Assoc. Executive	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="325.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="450.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 352 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Beth Stafford</b>		Date of Receipt
Mailing Address 3813 Farhills Dr.		M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2013
City	State	Zip Code
Champaign	IL	61822
FEC ID number of contributing federal political committee.	Transaction ID : <b>3620562</b>	
	Amount of Each Receipt this Period	
	250.00	
Name of Employer	Occupation	
None	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	250.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Beth Stafford</b>		Date of Receipt
Mailing Address 3813 Farhills Dr.		M M M / D D D / Y Y Y Y Y Y 04 / 25 / 2013
City	State	Zip Code
Champaign	IL	61822
FEC ID number of contributing federal political committee.	Transaction ID : <b>3629880</b>	
	Amount of Each Receipt this Period	
	250.00	
Name of Employer	Occupation	
None	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	250.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ms. Ronna S. Stamm</b>		Date of Receipt
Mailing Address 101 Hamilton St.		M M M / D D D / Y Y Y Y Y Y 04 / 15 / 2013
City	State	Zip Code
Evanston	IL	60202
FEC ID number of contributing federal political committee.	Transaction ID : <b>3622231</b>	
	Amount of Each Receipt this Period	
	1000.00	
Name of Employer	Occupation	
None	homemaker	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	1000.00	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 353 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Jean C. Stanfield</b>		Date of Receipt
Mailing Address 29 Ledge Ln		M M M / D D D / Y Y Y Y Y Y 04 / 15 / 2013
City Pipersville	State PA	Zip Code 18947
FEC ID number of contributing federal political committee. C		<b>Transaction ID : 3622858</b>
Name of Employer REQUESTED		Amount of Each Receipt this Period
Occupation REQUESTED		375.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	375.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Robert Starr</b>		Date of Receipt
Mailing Address 48 Wardell Rd		M M M / D D D / Y Y Y Y Y Y 04 / 09 / 2013
City Livingston	State NJ	Zip Code 07039
FEC ID number of contributing federal political committee. C		<b>Transaction ID : 3620185</b>
Name of Employer None		Amount of Each Receipt this Period
Occupation Retired		250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	500.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. K. Ann Stebbins</b>		Date of Receipt
Mailing Address 208 College View DR		M M M / D D D / Y Y Y Y Y Y 04 / 09 / 2013
City Richmond	State KY	Zip Code 40475
FEC ID number of contributing federal political committee. C		<b>Transaction ID : 3619568</b>
Name of Employer Requested		Amount of Each Receipt this Period
Occupation Requested		125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 354 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Mr. Charles Steele**  
Full Name (Last, First, Middle Initial)

Mailing Address 809 Tolman Drive

City State Zip Code  
Stanford CA 94305

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Stanford University professor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 28 / 2013  
**Transaction ID : 3631276**

Amount of Each Receipt this Period  
100.00

**B. Ben Stein**  
Full Name (Last, First, Middle Initial)

Mailing Address 410 Oakwynne Drive

City State Zip Code  
Wynnewood PA 19096

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
self accountant & consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 12 / 2013  
**Transaction ID : 3620795**

Amount of Each Receipt this Period  
150.00

**C. Ms. Margie Steiner**  
Full Name (Last, First, Middle Initial)

Mailing Address 60 South Battery Place

City State Zip Code  
Atlanta GA 30342

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Requested Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 19 / 2013  
**Transaction ID : 3626888**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 355 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Sumner B. Steinfeldt</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2013 <b>Transaction ID : 3620644</b>
Mailing Address 1829 Corcoran St.NW			Amount of Each Receipt this Period 250.00
City Washington	State DC	Zip Code 20009	
FEC ID number of contributing federal political committee. C			
Name of Employer None	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Ms. Sabrina Steketee</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 26 / 2013 <b>Transaction ID : 3631909</b>
Mailing Address PO Box 566			Amount of Each Receipt this Period 50.00
City Boulder	State MT	Zip Code 59632	
FEC ID number of contributing federal political committee. C			
Name of Employer KEY Personnel, Inc.	Occupation Employment Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

Full Name (Last, First, Middle Initial) <b>c. Ms. Gail R. Stephens</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 20 / 2013 <b>Transaction ID : 3626636</b>
Mailing Address 7975 Lahontan DR			Amount of Each Receipt this Period 2000.00
City Truckee	State CA	Zip Code 96161	
FEC ID number of contributing federal political committee. C			
Name of Employer None	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 356 OF 1350
	<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**

Full Name (Last, First, Middle Initial) <b>A. Ms. Joan L. Stephenson</b>		Date of Receipt MM / DD / YYYY 04 / 19 / 2013 <b>Transaction ID : 3626024</b>
Mailing Address 165 E. 35th Street, Apt. 4J		Amount of Each Receipt this Period 700.00
City New York	State NY	Zip Code 10016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 700.00
Name of Employer IBM	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Ranada Stephenson</b>		Date of Receipt MM / DD / YYYY 04 / 04 / 2013 <b>Transaction ID : 3616901</b>
Mailing Address 475 El Centro Road		Amount of Each Receipt this Period 200.00
City Hillsborough	State CA	Zip Code 94010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer N/A	Occupation N/A	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>C. Michele Stephenson</b>		Date of Receipt MM / DD / YYYY 04 / 25 / 2013 <b>Transaction ID : 3629818</b>
Mailing Address 457 W. 57th St.		Amount of Each Receipt this Period 250.00
City New York	State NY	Zip Code 10019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 357 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
**EMILY's List**

Full Name (Last, First, Middle Initial)  
**A. Mr. Andrew Stern**

Mailing Address 2801 New Mexico Avenue NW  
Apt. 306

City Washington State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C**

Name of Employer Columbia University Occupation Senior fellow

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
04 / 04 / 2013  
**Transaction ID : 3616843**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Roslyne D. Stern**

Mailing Address 863 Camino Del Este  
Santa Fe

City Santa Fe State NM Zip Code 87501

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Majority Council

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
04 / 03 / 2013  
**Transaction ID : 3616308**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. Ms. Elizabeth G. Stevens**

Mailing Address 15824 Avenida Villaha # 184

City San Diego State CA Zip Code 92128

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 ▼  
1000.00

Date of Receipt  
04 / 25 / 2013  
**Transaction ID : 3630038**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2100.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 358 OF 1350		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

**A. Ms. Dale Stewart**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2739 Puu Hoolai St  
 City State Zip Code  
 Kihei HI 96753  
 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 ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2013  
**Transaction ID : 3622595**  
 Amount of Each Receipt this Period  
 250.00

**B. Ms. Audrey K. Stewart**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 107 Harrogate Rd.  
 City State Zip Code  
 Saint Simons Island GA 31522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Requested Occupation Requested  
 retired retired  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2013  
**Transaction ID : 3629134**  
 Amount of Each Receipt this Period  
 100.00

**C. Ms. Kate Stillman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 Allgood Rd  
 City State Zip Code  
 Charleston SC 29407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Requested Occupation Requested  
 Holiday Inns, Inc. Lawyer  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3633860**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 359 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. William Stockton</b>		Date of Receipt
Mailing Address 458 W. 146 Street #1N		<input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code
New York	NY	10031
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>3616546</b>
None	None	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	<input type="text" value="100.00"/>

Full Name (Last, First, Middle Initial) <b>B. Ms. Sybil W. Stoller</b>		Date of Receipt
Mailing Address 1100 Rivas Canyon Road		<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Pacific Palisades	CA	90272
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>3615271</b>
none	none	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2700.00"/>	<input type="text" value="500.00"/>

Full Name (Last, First, Middle Initial) <b>C. Ms. Sybil W. Stoller</b>		Date of Receipt
Mailing Address 1100 Rivas Canyon Road		<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City	State	Zip Code
Pacific Palisades	CA	90272
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>3620022</b>
none	none	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2700.00"/>	<input type="text" value="100.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="700.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 360 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**EMILY's List**

**A. Ms. Margaret Stone**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 Trent Court  
 City State Zip Code  
 Morristown NJ 07960  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 None Retired  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 333.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 26 / 2013  
**Transaction ID : 3630748**  
 Amount of Each Receipt this Period  
 83.33

**B. Mrs. Amalia Stott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1223 26th Rd S  
 City State Zip Code  
 Arlington VA 22202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 EMILY's List Director of Development  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2013  
**Transaction ID : 3632999**  
 Amount of Each Receipt this Period  
 100.00

**C. Mr. Robin Stout**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 Meadow Lane  
 City State Zip Code  
 Chappaqua NY 10514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 REQUESTED REQUESTED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2013  
**Transaction ID : 3615325**  
 Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 483.33  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 361 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ms. Katherine Strandburg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Bleecker St. Apt. 19D  
 City New York State NY Zip Code 10012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York University Occupation professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 02 / 2013  
**Transaction ID : 3615822**  
 Amount of Each Receipt this Period  
 50.00

**B. Ms. Katherine Strandburg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Bleecker St. Apt. 19D  
 City New York State NY Zip Code 10012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York University Occupation professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 23 / 2013  
**Transaction ID : 3629618**  
 Amount of Each Receipt this Period  
 50.00

**C. Ms. Katherine Strandburg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Bleecker St. Apt. 19D  
 City New York State NY Zip Code 10012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York University Occupation professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 29 / 2013  
**Transaction ID : 3631965**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 362 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Cynthia Strand-Smart</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2013
Mailing Address 13322 E Crestwood St		<b>Transaction ID : 3620468</b>
City Wichita	State KS	Zip Code 67230
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer Via Christi Health Systems	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Toni Strassler</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 17 / 2013
Mailing Address 287 Kent Street No. 6		<b>Transaction ID : 3624132</b>
City Brookline	State MA	Zip Code 02446
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Self Employed	Occupation Craftsperson	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Joyce R. Strauss</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 08 / 2013
Mailing Address 566 Canyon Drive		<b>Transaction ID : 3618152</b>
City Solana Beach	State CA	Zip Code 92075
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 363 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Robert A. Strauss</b>		Date of Receipt MM / DD / YYYY 04 / 15 / 2013 <b>Transaction ID : 3623307</b>
Mailing Address 1611 North Wilmot Suite 108A		Amount of Each Receipt this Period 1000.00
City Tucson	State AZ	Zip Code 85712
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 2000.00
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Cheryl Suchors</b>		Date of Receipt MM / DD / YYYY 04 / 12 / 2013 <b>Transaction ID : 3621619</b>
Mailing Address 42 Mount Vernon St		Amount of Each Receipt this Period 200.00
City Cambridge	State MA	Zip Code 02140
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00
Name of Employer self	Occupation writer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Marybelle Suczek</b>		Date of Receipt MM / DD / YYYY 04 / 11 / 2013 <b>Transaction ID : 3620674</b>
Mailing Address P.O. Box 2411		Amount of Each Receipt this Period 50.00
City South Padre Island	State TX	Zip Code 78597
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 364 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Judith Sullivan</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 05 / 2013 <b>Transaction ID : 3629170</b>
Mailing Address 28 Watson Rd.		Amount of Each Receipt this Period 33.00
City Durham	State NH	Zip Code 03824
FEC ID number of contributing federal political committee. C		
Name of Employer UNH	Occupation Faculty emerita	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.00	

Full Name (Last, First, Middle Initial) <b>B. Judith Sullivan</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 27 / 2013 <b>Transaction ID : 3630971</b>
Mailing Address 28 Watson Rd.		Amount of Each Receipt this Period 10.00
City Durham	State NH	Zip Code 03824
FEC ID number of contributing federal political committee. C		
Name of Employer UNH	Occupation Faculty emerita	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Carter Sullivan</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 01 / 2013 <b>Transaction ID : 3615274</b>
Mailing Address 118 5 Mile River Rd		Amount of Each Receipt this Period 1500.00
City Darien	State CT	Zip Code 06820
FEC ID number of contributing federal political committee. C		
Name of Employer Westwood Press	Occupation PUBLISHER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1543.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 365 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Karen Sundback</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 15 / 2013 <b>Transaction ID : 3622239</b>
Mailing Address 531 S. Gay Street Apt. 303		Amount of Each Receipt this Period 250.00
City Knoxville	State TN	Zip Code 37902
FEC ID number of contributing federal political committee. C	Name of Employer None	Occupation Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. David C. Sutton</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 21 / 2013 <b>Transaction ID : 3626750</b>
Mailing Address PO Box 2532		Amount of Each Receipt this Period 100.00
City Champaign	State IL	Zip Code 61825
FEC ID number of contributing federal political committee. C	Name of Employer formerly, UIUC Physics Dept	Occupation Retired Physics Prof.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Elizabeth D. Sweet</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 15 / 2013 <b>Transaction ID : 3623320</b>
Mailing Address 309 Goddard Avenue		Amount of Each Receipt this Period 500.00
City Brookline	State MA	Zip Code 02445
FEC ID number of contributing federal political committee. C	Name of Employer None	Occupation RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 366 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Mary Ann Swierc</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 26 / 2013 <b>Transaction ID : 3631440</b>
Mailing Address 7703 Wexford Rdg		Amount of Each Receipt this Period 122.00
City San Antonio	State TX	Zip Code 78240
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Trustee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 244.00	

Full Name (Last, First, Middle Initial) <b>B. Suzan Syrett</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 06 / 2013 <b>Transaction ID : 3617701</b>
Mailing Address 412 Chester Street		Amount of Each Receipt this Period 15.00
City Menlo Park	State CA	Zip Code 94025
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>C. Suzan Syrett</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 13 / 2013 <b>Transaction ID : 3621295</b>
Mailing Address 412 Chester Street		Amount of Each Receipt this Period 25.00
City Menlo Park	State CA	Zip Code 94025
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	162.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 367 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**EMILY's List**

**A. Suzan Syrett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 412 Chester Street  
 City Menlo Park State CA Zip Code 94025  
 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 ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 20 / 2013  
**Transaction ID : 3628152**  
 Amount of Each Receipt this Period  
 15.00

**B. Mrs. Estelle N. Tanner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 Morris Ln  
 City Scarsdale State NY Zip Code 10583  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Oral Historian  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 02 / 2013  
**Transaction ID : 3615754**  
 Amount of Each Receipt this Period  
 1000.00

**C. Dr. Priscilla W Tate**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6612 Meadowpark Court  
 City Benbrook State TX Zip Code 76132  
 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 ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2013  
**Transaction ID : 3617924**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1115.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 368 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Dr. Priscilla W Tate**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6612 Meadowpark Court  
City Benbrook State TX Zip Code 76132  
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 ▼ 800.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 12 / 2013  
**Transaction ID : 3622186**  
Amount of Each Receipt this Period  
100.00

**B. Ms. Marilyn Tausend**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6023 Reid DR NW  
City Gig Harbor State WA Zip Code 98335  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation WRITER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 19 / 2013  
**Transaction ID : 3626167**  
Amount of Each Receipt this Period  
125.00

**C. Ms. Jane Taves**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7870 Woodpond Tr  
City Cross Plains State WI Zip Code 53528  
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 ▼ 400.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 14 / 2013  
**Transaction ID : 3622177**  
Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 275.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 369 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ms. Jane Taves**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7870 Woodpond Tr  
 City Cross Plains State WI Zip Code 53528  
 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 ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3634258**  
 Amount of Each Receipt this Period  
 50.00

**B. Ms. Penny A. Taylor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1513 Calypso Drive  
 City Aptos State CA Zip Code 95003  
 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 ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 29 / 2013  
**Transaction ID : 3632064**  
 Amount of Each Receipt this Period  
 75.00

**C. Dr. Barbara O. Taylor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 855 Pembridge Dr  
 City Lake Forest State IL Zip Code 60045  
 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 ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 26 / 2013  
**Transaction ID : 3631470**  
 Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 425.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 370 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Kathryn Taylor</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 09 / 2013 <b>Transaction ID : 3618891</b>
Mailing Address 1124 South Lewis Avenue		Amount of Each Receipt this Period 250.00
City Tulsa	State OK	Zip Code 74104
FEC ID number of contributing federal political committee. C		
Name of Employer Taylor for Tulsa	Occupation candidate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Patricia Te Sturdevant</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 08 / 2013 <b>Transaction ID : 3617357</b>
Mailing Address 1836 8th Avenue		Amount of Each Receipt this Period 1000.00
City Sacramento	State CA	Zip Code 95818
FEC ID number of contributing federal political committee. C		
Name of Employer Requested	Occupation Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Doris Teplitz</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 30 / 2013 <b>Transaction ID : 3632814</b>
Mailing Address 8615 Terrace Garden Way		Amount of Each Receipt this Period 125.00
City Bethesda	State MD	Zip Code 20814
FEC ID number of contributing federal political committee. C		
Name of Employer self	Occupation physicist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1375.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 371 OF 1350
	<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. Ms. Donna J. Thal**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 402 Brighton Avenue  
 City Cardiff State CA Zip Code 92007  
 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 11 / 2013  
**Transaction ID : 3620657**  
 Amount of Each Receipt this Period  
 250.00

**B. Ms. Marta Theisen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1404 Kensington Ave  
 City Grosse Pointe Park State MI Zip Code 48230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation stay at home mom  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2013  
**Transaction ID : 3619954**  
 Amount of Each Receipt this Period  
 100.00

**C. Mrs. Joyce M. E. Thibodeaux**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 113 Oakdale Loop  
 City Houma State LA Zip Code 70360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer None Occupation homemaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3633723**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 372 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Margaret A. Thomas</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 27 / 2013 <b>Transaction ID : 3631089</b>
Mailing Address 24 Briar Ln		Amount of Each Receipt this Period 85.00
City Kingston	State RI	Zip Code 02881
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Mary Ann Thompson</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 08 / 2013 <b>Transaction ID : 3619344</b>
Mailing Address 1004 Woodcrest CT		Amount of Each Receipt this Period 113.00
City Valparaiso	State IN	Zip Code 46383
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 226.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Mary Ann Thompson</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 23 / 2013 <b>Transaction ID : 3628389</b>
Mailing Address 1004 Woodcrest CT		Amount of Each Receipt this Period 113.00
City Valparaiso	State IN	Zip Code 46383
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 226.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	311.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 373 OF 1350
	<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. Dr. Peter K. Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 307 Fall River Court  
 City Houston State TX Zip Code 77024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: retired Occupation: physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt: 04 / 15 / 2013  
**Transaction ID : 3622199**  
 Amount of Each Receipt this Period: **250.00**

**B. Jane Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 93 Winthrop St. #6A  
 City Cambridge State MA Zip Code 02138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Thompson Design Group Occupation: planner  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt: 04 / 29 / 2013  
**Transaction ID : 3633031**  
 Amount of Each Receipt this Period: **150.00**

**C. Ms. Victoria Thrane**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 13  
 City S. Woodstock State VT Zip Code 05071  
 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 **1000.00**

Date of Receipt: 04 / 30 / 2013  
**Transaction ID : 3633930**  
 Amount of Each Receipt this Period: **1000.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1400.00**  
**TOTAL** This Period (last page this line number only).....

**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 374 OF 1350
	<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**

Full Name (Last, First, Middle Initial) <b>A. Ms. Frances Tibbits</b>		Date of Receipt MM / DD / YYYY 04 / 10 / 2013 <b>Transaction ID : 3620531</b>
Mailing Address PO Box 205		Amount of Each Receipt this Period 200.00
City Pacific Palisades	State CA	Zip Code 90272
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 800.00
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Judith Tick</b>		Date of Receipt MM / DD / YYYY 04 / 20 / 2013 <b>Transaction ID : 3626634</b>
Mailing Address 32 Borland Street		Amount of Each Receipt this Period 100.00
City Brookline	State MA	Zip Code 02446
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Northeastern University	Occupation professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Audrey Tieger</b>		Date of Receipt MM / DD / YYYY 04 / 14 / 2013 <b>Transaction ID : 3622132</b>
Mailing Address 519 S. Fuller Ave.		Amount of Each Receipt this Period 20.00
City Los Angeles	State CA	Zip Code 90036
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	320.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 375 OF 1350
<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**

Full Name (Last, First, Middle Initial) <b>A. Dr. Audrey Tieger</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 18 / 2013 <b>Transaction ID : 3624643</b>
Mailing Address 519 S. Fuller Ave.		Amount of Each Receipt this Period 20.00
City Los Angeles	State CA	Zip Code 90036
FEC ID number of contributing federal political committee. C	Name of Employer None	Occupation Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Audrey Tieger</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 19 / 2013 <b>Transaction ID : 3628234</b>
Mailing Address 519 S. Fuller Ave.		Amount of Each Receipt this Period 20.00
City Los Angeles	State CA	Zip Code 90036
FEC ID number of contributing federal political committee. C	Name of Employer None	Occupation Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Audrey Tieger</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 27 / 2013 <b>Transaction ID : 3632025</b>
Mailing Address 519 S. Fuller Ave.		Amount of Each Receipt this Period 25.00
City Los Angeles	State CA	Zip Code 90036
FEC ID number of contributing federal political committee. C	Name of Employer None	Occupation Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	65.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 376 OF 1350
	<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**

Full Name (Last, First, Middle Initial) <b>A. Ms. Jane M. Timken</b>		Date of Receipt
Mailing Address 10 Willow St		M M M / D D D / Y Y Y Y Y Y 04 / 02 / 2013
City	State	Zip Code
Newport	RI	02840
FEC ID number of contributing federal political committee.		Transaction ID : <b>3616043</b>
C		Amount of Each Receipt this Period
		1000.00
Name of Employer	Occupation	
Self Employed	Painter	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	1000.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Maria R. Tindall</b>		Date of Receipt
Mailing Address 627 Catalina Dr.		M M M / D D D / Y Y Y Y Y Y 04 / 17 / 2013
City	State	Zip Code
Livermore	CA	94550
FEC ID number of contributing federal political committee.		Transaction ID : <b>3624130</b>
C		Amount of Each Receipt this Period
		200.00
Name of Employer	Occupation	
None	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	1200.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Robert K. Togasaki</b>		Date of Receipt
Mailing Address 3126 Carnaby Dr.		M M M / D D D / Y Y Y Y Y Y 04 / 05 / 2013
City	State	Zip Code
Bloomington	IN	47401
FEC ID number of contributing federal political committee.		Transaction ID : <b>3618147</b>
C		Amount of Each Receipt this Period
		30.00
Name of Employer	Occupation	
None	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1230.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 377 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Nina S. Tolley**  
Full Name (Last, First, Middle Initial)

Mailing Address 3900 N Cliff Lane

City Cincinnati State OH Zip Code 45220

FEC ID number of contributing federal political committee. **C**

Name of Employer Cancer Family Care Occupation Social Worker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2013  
**Transaction ID : 3615255**

Amount of Each Receipt this Period  
 125.00

**B. Ms. Jackie Traurig**  
Full Name (Last, First, Middle Initial)

Mailing Address 3471 Main Hwy Apt 930

City Miami State FL Zip Code 33133

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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2013  
**Transaction ID : 3619330**

Amount of Each Receipt this Period  
 250.00

**C. Elizabeth Trawick**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 Hallman HI E Apt 201

City Birmingham State AL Zip Code 35209

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Psychiatrist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 19 / 2013  
**Transaction ID : 3626480**

Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	625.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 378 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Carole S. Trevas Fleisher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 275 Central Park W Apt 15f  
 City New York State NY Zip Code 10024  
 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 ▼ 209.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 22 / 2013  
**Transaction ID : 3627619**  
 Amount of Each Receipt this Period  
 209.00

**B. Ms. Carol Triebel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2829 Nottingham St.  
 City Houston State TX Zip Code 77005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orica Occupation Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 24 / 2013  
**Transaction ID : 3629592**  
 Amount of Each Receipt this Period  
 150.00

**C. Ms. Judith Troestler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 370306  
 City Milwaukee State WI Zip Code 53237  
 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 05 / 2013  
**Transaction ID : 3629167**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	384.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 379 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ms. Judith Troestler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 370306  
 City Milwaukee State WI Zip Code 53237  
 Date of Receipt: 04 / 19 / 2013  
**Transaction ID : 3626491**  
 Amount of Each Receipt this Period: 5.00  
 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: 225.00

**B. Ms. Judith Troestler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 370306  
 City Milwaukee State WI Zip Code 53237  
 Date of Receipt: 04 / 22 / 2013  
**Transaction ID : 3628949**  
 Amount of Each Receipt this Period: 25.00  
 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: 225.00

**C. Ms. Judith Troestler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 370306  
 City Milwaukee State WI Zip Code 53237  
 Date of Receipt: 04 / 30 / 2013  
**Transaction ID : 3632910**  
 Amount of Each Receipt this Period: 5.00  
 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: 225.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 35.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 380 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Carol S. Tuchfeld**  
Full Name (Last, First, Middle Initial)

Mailing Address 1360 Ocean Pkwy Apt 8n

City Brooklyn	State NY	Zip Code 11230
------------------	-------------	-------------------

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 ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		29		2013

**Transaction ID : 3633352**

Amount of Each Receipt this Period  
250.00

**B. Ms. Elizabeth Tuura**  
Full Name (Last, First, Middle Initial)

Mailing Address 2016 Foxboro Dr.

City Orlando	State FL	Zip Code 32812
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Television Technical
-----------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		22		2013

**Transaction ID : 3627140**

Amount of Each Receipt this Period  
150.00

**C. Ms. Elizabeth Twomey**  
Full Name (Last, First, Middle Initial)

Mailing Address 21 Chatham Way

City Lynnfield	State MA	Zip Code 01940
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Boston college	Occupation Retired
------------------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		23		2013

**Transaction ID : 3628959**

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	425.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 381 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Elizabeth Twomey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 21 Chatham Way  
City Lynnfield State MA Zip Code 01940  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Boston college Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 23 / 2013  
**Transaction ID : 3629067**  
Amount of Each Receipt this Period 50.00

**B. Marianne Udow-Phillips**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2280 Gale Rd  
City Ann Arbor State MI Zip Code 48105  
FEC ID number of contributing federal political committee. **C**  
Name of Employer University of Michigan Occupation health policy  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 28 / 2013  
**Transaction ID : 3631249**  
Amount of Each Receipt this Period 250.00

**C. Ms. Eleanor Valentine**  
Full Name (Last, First, Middle Initial)  
Mailing Address 354 Depew Ave  
City Buffalo State NY Zip Code 14214  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ohio Astate University Occupation Librarian  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 08 / 2013  
**Transaction ID : 3620438**  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 382 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Eleanor Valentine**  
Full Name (Last, First, Middle Initial)  
Mailing Address 354 Depew Ave  
City Buffalo State NY Zip Code 14214  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ohio Astate University Occupation Librarian  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 28 / 2013  
**Transaction ID : 3631254**  
Amount of Each Receipt this Period 50.00

**B. William W. Van Stone**  
Full Name (Last, First, Middle Initial)  
Mailing Address 625 Burnham Road  
City Philadelphia State PA Zip Code 19119  
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 ▼ 375.00

Date of Receipt 04 / 03 / 2013  
**Transaction ID : 3616557**  
Amount of Each Receipt this Period 75.00

**C. Ms. Eleanor Vandeneuvel**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3718 S. 334th Street  
City Auburn State WA Zip Code 98001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation RETIRED(R.N.)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 04 / 12 / 2013  
**Transaction ID : 3621563**  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1125.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 383 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Barbara Vanderkolk**  
Full Name (Last, First, Middle Initial)  
Mailing Address 34 Constitution Hill W  
City Princeton State NJ Zip Code 08540  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Collins Interiors, LLC Occupation Interior Designer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 04 / 2013  
**Transaction ID : 3616767**  
Amount of Each Receipt this Period  
250.00

**B. Ms. Barbara Vanderkolk**  
Full Name (Last, First, Middle Initial)  
Mailing Address 34 Constitution Hill W  
City Princeton State NJ Zip Code 08540  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Collins Interiors, LLC Occupation Interior Designer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 16 / 2013  
**Transaction ID : 3624530**  
Amount of Each Receipt this Period  
10.00

**C. Mr. John Vanderstar**  
Full Name (Last, First, Middle Initial)  
Mailing Address 113 Goodson Springs Road  
City Waynsville State NC Zip Code 28786  
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 ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 26 / 2013  
**Transaction ID : 3631379**  
Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1260.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 384 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ms. Margaret E. Vangundy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7719 N Arnold Rd  
 City Columbia City State IN Zip Code 46725  
 Date of Receipt 04 / 17 / 2013  
 Transaction ID : 3624007  
 Amount of Each Receipt this Period 85.00  
 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 680.00

**B. Ms. Margaret E. Vangundy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7719 N Arnold Rd  
 City Columbia City State IN Zip Code 46725  
 Date of Receipt 04 / 28 / 2013  
 Transaction ID : 3631309  
 Amount of Each Receipt this Period 85.00  
 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 680.00

**C. Ms. Delores Veronda**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4396 Casitas St  
 City San Diego State CA Zip Code 92107  
 Date of Receipt 04 / 01 / 2013  
 Transaction ID : 3615660  
 Amount of Each Receipt this Period 100.00  
 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 325.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 270.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 385 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Ms. Bonnie Vick**

Mailing Address 12215 W Diane Dr.

City State Zip Code  
Wauwatosa WI 53226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2013  
**Transaction ID : 3628426**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Margaret S. Vining**

Mailing Address 150 12th St. NE

City State Zip Code  
Washington DC 20002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Smithsonian Institution Museum curator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2013  
**Transaction ID : 3617875**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Ms. Patricia Vinter**

Mailing Address 79 Chandler St., #7

City State Zip Code  
Boston MA 02116

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Requested Requested

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2013  
**Transaction ID : 3620130**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00

**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 386 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Ms. Ellen Violet**

Mailing Address 230 E. 50th Street

City State Zip Code  
New York NY 10022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Writer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2013  
**Transaction ID : 3619812**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Carol R Von Arx**

Mailing Address 5003 SW 71 PI

City State Zip Code  
Miami FL 33155

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 24 / 2013  
**Transaction ID : 3629452**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Ms. Carol Vorchheimer**

Mailing Address 2401 Pennsylvania Ave  
Apt 12 B-32

City State Zip Code  
Philadelphia PA 19130

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 04 / 2013  
**Transaction ID : 3616937**

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1375.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 387 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Linda Voss**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1303 N Ode St Apt 224

City Arlington	State VA	Zip Code 22209
FEC ID number of contributing federal political committee. C		
Name of Employer self	Occupation project manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1575.00	

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 30 / 2013  
**Transaction ID : 3633722**

Amount of Each Receipt this Period  
500.00

**B. Edward Vowell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10 Granvue Dr

City Belleville	State IL	Zip Code 62223
FEC ID number of contributing federal political committee. C		
Name of Employer US Agency for International Developmen	Occupation Diplomat	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 23 / 2013  
**Transaction ID : 3629112**

Amount of Each Receipt this Period  
100.00

**C. Ms. Cameron Mc Vowell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2625 Crest RD

City Birmingham	State AL	Zip Code 35223
FEC ID number of contributing federal political committee. C		
Name of Employer none	Occupation VOLUNTEER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 15 / 2013  
**Transaction ID : 3622561**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 388 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. M K T Voyvodick</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 17 / 2013 <b>Transaction ID : 3627151</b>
Mailing Address 1836 9th Ave		Amount of Each Receipt this Period 125.00
City San Francisco	State CA	Zip Code 94122
FEC ID number of contributing federal political committee. C		
Name of Employer Voyvodick & Associates	Occupation Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Linda K. Wagner</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 03 / 2013 <b>Transaction ID : 3634446</b>
Mailing Address PO Box 619		Amount of Each Receipt this Period 15.00
City Bayfield	State CO	Zip Code 81122
FEC ID number of contributing federal political committee. C		
Name of Employer self	Occupation freelance writer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Marcy Waldinger</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 21 / 2013 <b>Transaction ID : 3626678</b>
Mailing Address 3228 West Dobson Place		Amount of Each Receipt this Period 150.00
City Ann Arbor	State MI	Zip Code 48105
FEC ID number of contributing federal political committee. C		
Name of Employer University of Michigan Cancer Center	Occupation Cancer Center Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	290.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 389 OF 1350
	<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. Linda Walker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 617 Las Posas Road  
 Apt 106  
 City Camarillo State CA Zip Code 93010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer None Occupation None  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2013  
**Transaction ID : 3628445**  
 Amount of Each Receipt this Period  
 150.00

**B. Ms. Elizabeth W. Wallace**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1400 East Ave Apt 516  
 City Rochester State NY Zip Code 14610  
 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 ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 05 / 2013  
**Transaction ID : 3617234**  
 Amount of Each Receipt this Period  
 50.00

**C. Ms. Elizabeth W. Wallace**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1400 East Ave Apt 516  
 City Rochester State NY Zip Code 14610  
 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 ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2013  
**Transaction ID : 3633069**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 390 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Florence Wallin**  
Full Name (Last, First, Middle Initial)

Mailing Address 400 Wesley Dr Apt 61

City Asheville State NC Zip Code 28803

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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2013  
**Transaction ID : 3615494**

Amount of Each Receipt this Period  
 125.00

**B. Lynne Walline**  
Full Name (Last, First, Middle Initial)

Mailing Address 2910 Burnece Street

City Sacramento State CA Zip Code 95821

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested  
 BFBA, LLP CPA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 13 / 2013  
**Transaction ID : 3621244**

Amount of Each Receipt this Period  
 100.00

**C. Mr. Mark Walsh**  
Full Name (Last, First, Middle Initial)

Mailing Address 90 East Brookline Street

City Boston State MA Zip Code 02118

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested  
 Self Employed fundraiser

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 04 / 2013  
**Transaction ID : 3616696**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 725.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 391 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Patricia G. Ward**  
Full Name (Last, First, Middle Initial)  
Mailing Address 412 Stanley Drive

City Santa Barbara	State CA	Zip Code 93105
-----------------------	-------------	-------------------

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  

M M	/	D D	/	Y Y Y Y
04	/	16	/	2013

**Transaction ID : 3625459**

Amount of Each Receipt this Period  
100.00

**B. Ms. Sally Warren**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3710 Armstrong Avenue

City Dallas	State TX	Zip Code 75205
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self	Occupation artist
--------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	30	/	2013

**Transaction ID : 3632716**

Amount of Each Receipt this Period  
500.00

**C. Carole Warshaw MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3150 N. Lake Shore #8A

City Chicago	State IL	Zip Code 60657
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Hektoen Institute LLC	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	28	/	2013

**Transaction ID : 3631273**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 392 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Christine M. Waternaux</b>		Date of Receipt
Mailing Address 7164 N Mercer Spring Pl		<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2013"/>
City	State	Zip Code
Tucson	AZ	85718
FEC ID number of contributing federal political committee.		Transaction ID : <b>3618126</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="15.00"/>
Name of Employer	Occupation	
None	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="480.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Christine M. Waternaux</b>		Date of Receipt
Mailing Address 7164 N Mercer Spring Pl		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
Tucson	AZ	85718
FEC ID number of contributing federal political committee.		Transaction ID : <b>3632042</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
None	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="480.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. Howard K Watkins</b>		Date of Receipt
Mailing Address 1785 W. Dovewood Lane		<input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code
Fresno	CA	93711
FEC ID number of contributing federal political committee.		Transaction ID : <b>3616832</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="85.00"/>
Name of Employer	Occupation	
None	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="365.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



**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 393 OF 1350
	<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. Mr. Howard K Watkins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1785 W. Dovewood Lane  
 City Fresno State CA Zip Code 93711  
 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 ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 26 / 2013  
**Transaction ID : 3630817**  
 Amount of Each Receipt this Period  
 25.00

**B. Susan Watson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4064 1st Ave N.E.  
 City Seattle State WA Zip Code 98105  
 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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 12 / 2013  
**Transaction ID : 3621135**  
 Amount of Each Receipt this Period  
 250.00

**C. Mr. Elliot Wax**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2378 Heatherbank Ct  
 City Thousand Oaks State CA Zip Code 91361  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Talent agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2013  
**Transaction ID : 3624363**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	525.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 394 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mrs. Joan Webb</b>		Date of Receipt
Mailing Address P.O. Box 4213		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
Carmel	CA	93921
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3629227</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
N/A	RETIRED	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Mrs. Alice H. Webster</b>		Date of Receipt
Mailing Address 12546 Cedar Rd., Apt. 4		<input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2013"/>
City	State	Zip Code
Cleveland	OH	44106
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3621421</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
husband	housewife	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Dr. Connie J. Weeks</b>		Date of Receipt
Mailing Address 19265 Braemore road		<input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>
City	State	Zip Code
Northridge	CA	91326
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3624557</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
None	Retired	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="220.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1125.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 395 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Dr. Connie J. Weeks**  
Full Name (Last, First, Middle Initial)

Mailing Address 19265 Braemore road

City Northridge State CA Zip Code 91326

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 ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2013

**Transaction ID : 3629687**

Amount of Each Receipt this Period  
 30.00

**B. Brenda Wehle**  
Full Name (Last, First, Middle Initial)

Mailing Address 20501 Ventura Blvd. Ste 325

City Woodland Hills State CA Zip Code 91364

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation actor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2013

**Transaction ID : 3616529**

Amount of Each Receipt this Period  
 50.00

**C. Ms. Susan Weir**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 Larchwood DR

City Cambridge State MA Zip Code 02138

FEC ID number of contributing federal political committee. **C**

Name of Employer Joslin Diabetes Center Occupation SCIENTIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2013

**Transaction ID : 3624044**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 580.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 396 OF 1350
	<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. Ms. Idell Weisberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4771 S Chipping Gln  
 City Bloomfield Hills State MI Zip Code 48302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Artist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 05 / 2013  
**Transaction ID : 3617148**  
 Amount of Each Receipt this Period  
 200.00

**B. Ms. Idell Weisberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4771 S Chipping Gln  
 City Bloomfield Hills State MI Zip Code 48302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Artist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 26 / 2013  
**Transaction ID : 3631732**  
 Amount of Each Receipt this Period  
 200.00

**C. Dr. Nancy L. Weiss**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3264 Lonesome Mountain Rd.  
 City Charlottesville State VA Zip Code 22911  
 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 16 / 2013  
**Transaction ID : 3623523**  
 Amount of Each Receipt this Period  
 125.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	525.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 397 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Theresa Weissglass**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4420 Meadowlark Ln  
 City Santa Barbara State CA Zip Code 93105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2013  
**Transaction ID : 3615254**  
 Amount of Each Receipt this Period  
 100.00

**B. Mrs. Rhoda Weisz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 E Marylyn Ave., Apt. A1  
 City State College State PA Zip Code 16801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer none Occupation HOUSEWIFE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 16 / 2013  
**Transaction ID : 3623573**  
 Amount of Each Receipt this Period  
 1000.00

**C. Dr. Joan Weltzien**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3000 Wesleyan St Ste 255  
 City Houston State TX Zip Code 77027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Psychologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 22 / 2013  
**Transaction ID : 3627408**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 398 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Magda Wendorff</b>		Date of Receipt MM / DD / YYYY 04 / 26 / 2013 <b>Transaction ID : 3631464</b>
Mailing Address 2913 Windmill Road		Amount of Each Receipt this Period 500.00
City Torrance	State CA	Zip Code 90505
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Requested	Occupation Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Lucille Werlinich</b>		Date of Receipt MM / DD / YYYY 04 / 15 / 2013 <b>Transaction ID : 3622182</b>
Mailing Address 18 Ponds Lane		Amount of Each Receipt this Period 100.00
City Purchase	State NY	Zip Code 10577
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1400.00
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ms. Ann West</b>		Date of Receipt MM / DD / YYYY 04 / 16 / 2013 <b>Transaction ID : 3624717</b>
Mailing Address 788 Pepper Drive		Amount of Each Receipt this Period 100.00
City San Bruno	State CA	Zip Code 94066
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 400.00
Name of Employer City College of San Francisco	Occupation Teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 399 OF 1350
	<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**

Full Name (Last, First, Middle Initial) <b>A. Ms. Madelin M. Wexler</b>		Date of Receipt
Mailing Address 3101 N Sheridan Rd Apt 1104		<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2013"/>
City Chicago	State IL	Zip Code 60657
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 3615764</b>
Name of Employer: None		Amount of Each Receipt this Period
Occupation: Retired		<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Kyle T. Wheeler</b>		Date of Receipt
Mailing Address 1855 Los Pueblos St		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City Los Alamos	State NM	Zip Code 87544
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 3622670</b>
Name of Employer: None		Amount of Each Receipt this Period
Occupation: RETIRED		<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1200.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Susan Wheeler</b>		Date of Receipt
Mailing Address 31 Hurd Rd		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City Brookline	State MA	Zip Code 02445
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 3632222</b>
Name of Employer: REQUESTED		Amount of Each Receipt this Period
Occupation: REQUESTED		<input type="text" value="35.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="390.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="735.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 400 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Theda Z. White</b>		Date of Receipt
Mailing Address 15 Stewart Place #6J		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
White Plains	NY	10603
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	
None	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="750.00"/>	
		Transaction ID : <b>3630497</b>
		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>

Full Name (Last, First, Middle Initial) <b>B. Thomas White</b>		Date of Receipt
Mailing Address 5744 Presley Way		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
Oakland	CA	94617
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	
Retired	Biochemist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="225.00"/>	
		Transaction ID : <b>3630652</b>
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>

Full Name (Last, First, Middle Initial) <b>C. Ms. Patricia H. White</b>		Date of Receipt
Mailing Address 304 Woodbridge DR		<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charleston	WV	25311
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	
WV Health Right, Inc.	Executive	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="750.00"/>	
		Transaction ID : <b>3617294</b>
		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1100.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



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

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

FOR LINE NUMBER: PAGE 401 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ms. Linda Whitlock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 Saxon Road  
 City State Zip Code  
 Newton MA 02461  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 self-employed executive  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 24 / 2013  
**Transaction ID : 3629729**  
 Amount of Each Receipt this Period  
 100.00

**B. Mr. Wayne Whitney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 58 Harpswell Rd  
 City State Zip Code  
 Brunswick ME 04011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 McTeague Higbee Lawyer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 16 / 2013  
**Transaction ID : 3623624**  
 Amount of Each Receipt this Period  
 250.00

**C. Mr. Thomas Whittington**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4431 N 19th St.  
 City State Zip Code  
 Philadelphia PA 19140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 None RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 25 / 2013  
**Transaction ID : 3629967**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 402 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Thomas Whittington</b>		Date of Receipt
Mailing Address 4431 N 19th St.		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City Philadelphia	State PA	Zip Code 19140
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 3630486</b>
Name of Employer: None		Amount of Each Receipt this Period
Occupation: RETIRED		<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Carole L Widmayer</b>		Date of Receipt
Mailing Address 333 N. Jefferson, #403		<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 3631217</b>
Name of Employer: Schafer Condon Carter		Amount of Each Receipt this Period
Occupation: Advertising		<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="525.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ms. Dianne Widzinski</b>		Date of Receipt
Mailing Address 2940 Devonshire Rd		<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2013"/>
City Ann Arbor	State MI	Zip Code 48104
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 3618863</b>
Name of Employer: Univ of Michigan		Amount of Each Receipt this Period
Occupation: Theatre House Manager		<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="400.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

**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 403 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Ms. Dianne Widzinski</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 09 / 2013 <b>Transaction ID : 3618862</b>
Mailing Address 2940 Devonshire Rd		Amount of Each Receipt this Period 1000.00
City Ann Arbor	State MI	Zip Code 48104
FEC ID number of contributing federal political committee. C	Name of Employer Univ of Michigan	Occupation Theatre House Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) <b>B. Steve Williams</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 08 / 2013 <b>Transaction ID : 3619139</b>
Mailing Address PO Box 343692		Amount of Each Receipt this Period 200.00
City Homestead	State FL	Zip Code 33034
FEC ID number of contributing federal political committee. C	Name of Employer None	Occupation RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Agnes C. Williams</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 06 / 2013 <b>Transaction ID : 3617740</b>
Mailing Address 6604 Cipriano Rd		Amount of Each Receipt this Period 30.00
City Lanham	State MD	Zip Code 20706
FEC ID number of contributing federal political committee. C	Name of Employer Requested	Occupation Requested
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 395.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1230.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 404 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Prof. Norris Williams**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2430 NW 38th St

City Gainesville	State FL	Zip Code 32605
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer univ of florida	Occupation biologist
-------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 02 / 2013  
**Transaction ID : 3615775**

Amount of Each Receipt this Period  
 25.00

**B. Prof. Norris Williams**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2430 NW 38th St

City Gainesville	State FL	Zip Code 32605
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer univ of florida	Occupation biologist
-------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2013  
**Transaction ID : 3618011**

Amount of Each Receipt this Period  
 50.00

**C. Prof. Norris Williams**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2430 NW 38th St

City Gainesville	State FL	Zip Code 32605
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer univ of florida	Occupation biologist
-------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2013  
**Transaction ID : 3622112**

Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 405 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Prof. Norris Williams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2430 NW 38th St  
 City Gainesville State FL Zip Code 32605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer univ of florida Occupation biologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 29 / 2013  
**Transaction ID : 3632727**  
 Amount of Each Receipt this Period  
 5.00

**B. Ms. Elizabeth H. Williams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2311 15th Street, NW Apt. 5  
 City Washington State DC Zip Code 20009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer USAID Occupation Health Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 22 / 2013  
**Transaction ID : 3628315**  
 Amount of Each Receipt this Period  
 100.00

**C. Ms. Sandra D. Williamson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6624 Kinsman RD  
 City Pittsburgh State PA Zip Code 15217  
 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 ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 18 / 2013  
**Transaction ID : 3625687**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 355.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 406 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Janet Wilson</b>		Date of Receipt
Mailing Address PO Box 356 15 Moore Road		<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City Bay Center	State WA	Zip Code 98527
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3620035</b>
Name of Employer Bay Center Mariculture	Occupation retail mgr.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Ms. Claudette G. Wilson</b>		Date of Receipt
Mailing Address 8605 Cliffridge Avenue		<input type="text" value="04"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City La Jolla	State CA	Zip Code 92037
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3617078</b>
Name of Employer self	Occupation attorney	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Ms. Frances P. Wingard</b>		Date of Receipt
Mailing Address 8929 SW 40th Ave		<input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City Gainesville	State FL	Zip Code 32608
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3628295</b>
Name of Employer Self Employed	Occupation Medical Consultant	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="50.00"/>
	<input type="text" value="550.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="550.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 407 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ms. Frances P. Wingard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8929 SW 40th Ave  
 City Gainesville State FL Zip Code 32608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Medical Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2013  
**Transaction ID : 3632224**  
 Amount of Each Receipt this Period  
 50.00

**B. Ms. Alice Wingwall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2717 Russell Street  
 City Berkeley State CA Zip Code 94075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Photographer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 16 / 2013  
**Transaction ID : 3621856**  
 Amount of Each Receipt this Period  
 250.00

**C. Ms. Karen Winslow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 Winsor Place  
 City Glen Ridge State NJ Zip Code 07028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation wife/mother  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 24 / 2013  
**Transaction ID : 3629710**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 408 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Barbara Winston</b>		Date of Receipt
Mailing Address 3118 Ferndale St		M M M / D D D / Y Y Y Y Y Y 04 / 25 / 2013
City	State	Zip Code
Houston	TX	77098
FEC ID number of contributing federal political committee.		Transaction ID : <b>3630033</b>
C		Amount of Each Receipt this Period
		3500.00
Name of Employer	Occupation	
Requested	Requested	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		5000.00
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Karon Winzenz</b>		Date of Receipt
Mailing Address 5588 Schauer Rd		M M M / D D D / Y Y Y Y Y Y 04 / 23 / 2013
City	State	Zip Code
Sturgeon Bay	WI	54235
FEC ID number of contributing federal political committee.		Transaction ID : <b>3629152</b>
C		Amount of Each Receipt this Period
		250.00
Name of Employer	Occupation	
university of Wisconsin	retired professor	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		250.00
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mrs. Patti D. Withers</b>		Date of Receipt
Mailing Address 914 Main Unit 803		M M M / D D D / Y Y Y Y Y Y 04 / 05 / 2013
City	State	Zip Code
Houston	TX	77002
FEC ID number of contributing federal political committee.		Transaction ID : <b>3617444</b>
C		Amount of Each Receipt this Period
		250.00
Name of Employer	Occupation	
Bay Area UU Church	religious educator	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		250.00
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 409 OF 1350
	<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. Alice S. Wohl**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 Long Pond RD  
 City Housatonic State MA Zip Code 01236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation INDEPENDANT SCHOLAR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2013  
**Transaction ID : 3633076**  
 Amount of Each Receipt this Period  
 1000.00

**B. Mr. John M. Wolf , Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1429  
 City Sanibel State FL Zip Code 33957  
 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 ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 16 / 2013  
**Transaction ID : 3623769**  
 Amount of Each Receipt this Period  
 1000.00

**C. Ms. Elizabeth Wolgast**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1536 Olympus Ave.  
 City Berkeley State CA Zip Code 94708  
 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2013  
**Transaction ID : 3619773**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2050.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 410 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Elizabeth Wolgast**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1536 Olympus Ave.  
City Berkeley State CA Zip Code 94708  
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 ▼ 225.00

Date of Receipt 04 / 22 / 2013  
**Transaction ID : 3627834**  
Amount of Each Receipt this Period 50.00

**B. Ms. Patricia A. Wolkowitz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11581 New London Drive  
City Saint Louis State MO Zip Code 63141  
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 ▼ 250.00

Date of Receipt 04 / 26 / 2013  
**Transaction ID : 3631797**  
Amount of Each Receipt this Period 250.00

**C. Ms. Vivian Wood**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10015 W Royal Oak Rd Apt 133  
City Sun City State AZ Zip Code 85351  
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 ▼ 250.00

Date of Receipt 04 / 15 / 2013  
**Transaction ID : 3622662**  
Amount of Each Receipt this Period 125.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 425.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 411 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Susanne Woods**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17273 La Brisa Lane  
 City State Zip Code  
 Sugarloaf Shores FL 33042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired Educator  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2013  
**Transaction ID : 3620133**  
 Amount of Each Receipt this Period  
 150.00

**B. Ms. Cynthia Woolbright**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 667 Midship Circle  
 City State Zip Code  
 Webster NY 14580  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The Woolbright Group Consultant  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2013  
**Transaction ID : 3628312**  
 Amount of Each Receipt this Period  
 85.00

**C. Dr. Ruth Wukasch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5702 Harrods Run Rd  
 City State Zip Code  
 Prospect KY 40059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 None Retired  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2013  
**Transaction ID : 3622197**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 485.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 412 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Ms. Roberta W. Wulf**

Mailing Address 2623 Bowling Green Dr.

City State Zip Code  
Vienna VA 22180

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 ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 22 / 2013  
**Transaction ID : 3627828**

Amount of Each Receipt this Period  
300.00

Full Name (Last, First, Middle Initial)  
**B. Patricia Wunderlin**

Mailing Address 100 Central Ave  
Apt 913

City State Zip Code  
Sarasota FL 34236

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested  
None Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 11 / 2013  
**Transaction ID : 3620365**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. Patricia Wunderlin**

Mailing Address 100 Central Ave  
Apt 913

City State Zip Code  
Sarasota FL 34236

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested  
None Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 18 / 2013  
**Transaction ID : 3624706**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1400.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 413 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mrs. Ann Yasuhara</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 08 / 2013 <b>Transaction ID : 3617347</b>
Mailing Address 66 Pine Street		Amount of Each Receipt this Period 300.00
City Princeton	State NJ	Zip Code 08542
FEC ID number of contributing federal political committee. C		
Name of Employer retired	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Jean Yngve</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 22 / 2013 <b>Transaction ID : 3627132</b>
Mailing Address 28 Crest DR		Amount of Each Receipt this Period 125.00
City Chesterton	State IN	Zip Code 46304
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Olga T. Yokoyama</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 02 / 2013 <b>Transaction ID : 3615820</b>
Mailing Address 833 Malcolm Ave		Amount of Each Receipt this Period 30.00
City Los Angeles	State CA	Zip Code 90024
FEC ID number of contributing federal political committee. C		
Name of Employer ucla	Occupation professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	455.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 414 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Olga T. Yokoyama</b>		Date of Receipt MM / DD / YYYY 04 / 19 / 2013 <b>Transaction ID : 3628308</b>
Mailing Address 833 Malcolm Ave		Amount of Each Receipt this Period 75.00
City Los Angeles	State CA	
Zip Code 90024		Amount of Each Receipt this Period 390.00
FEC ID number of contributing federal political committee. C	Occupation professor	
Name of Employer ucla	Aggregate Year-to-Date ▼	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Prof. Shari Yost</b>		Date of Receipt MM / DD / YYYY 04 / 02 / 2013 <b>Transaction ID : 3615783</b>
Mailing Address 2741 Brandywine Street NW		Amount of Each Receipt this Period 85.00
City washington	State DC	
Zip Code 20008		Amount of Each Receipt this Period 340.00
FEC ID number of contributing federal political committee. C	Occupation Consultant	
Name of Employer Yost Gold Consulting, Inc.	Aggregate Year-to-Date ▼	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Sheelah Zaske</b>		Date of Receipt MM / DD / YYYY 04 / 16 / 2013 <b>Transaction ID : 3622435</b>
Mailing Address 9774 Peach Tree Ln		Amount of Each Receipt this Period 214.00
City Alta Loma	State CA	
Zip Code 91737		Amount of Each Receipt this Period 214.00
FEC ID number of contributing federal political committee. C	Occupation Requested	
Name of Employer Requested	Aggregate Year-to-Date ▼	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	374.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 415 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Karin E. Zaugg Black**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 516 21st Avenue East  
 City Seattle State WA Zip Code 98112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer City of Seattle, local government Occupation Communications Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 26 / 2013  
**Transaction ID : 3630594**  
 Amount of Each Receipt this Period  
 250.00

**B. William Zavarello**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 313 S. High St.  
 City Akron State OH Zip Code 44308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2013  
**Transaction ID : 3619998**  
 Amount of Each Receipt this Period  
 250.00

**C. Ms. Barbara Ann Zdravecky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1292  
 City Anna Maria State FL Zip Code 34216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Planned Parenthood Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 05 / 2013  
**Transaction ID : 3616924**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 416 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ms. Paula Klein Zeid**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1806 N Wood St.  
 City Chicago State IL Zip Code 60622  
 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 ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 19 / 2013  
**Transaction ID : 3626265**  
 Amount of Each Receipt this Period  
 1000.00

**B. Ms. Sandra Zelewski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4622 Belmont Rd.  
 City Grand Forks State ND Zip Code 58201  
 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 ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 22 / 2013  
**Transaction ID : 3627052**  
 Amount of Each Receipt this Period  
 250.00

**C. Ms. Cheryl Ziegenfuss**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1036 Woodland Dr.  
 City Sunbury State PA Zip Code 17801  
 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 ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 18 / 2013  
**Transaction ID : 3625499**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1350.00  
**TOTAL** This Period (last page this line number only)..... ▶



**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 417 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Ruth B. Ziegler</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2013 <b>Transaction ID : 3633931</b>
Mailing Address 1018 Montego Drive		Amount of Each Receipt this Period 300.00
City Los Angeles	State CA	Zip Code 90049
FEC ID number of contributing federal political committee. C		
Name of Employer Requested	Occupation Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Suzanne T. Zorn</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 19 / 2013 <b>Transaction ID : 3626366</b>
Mailing Address 11 Portland Ct.		Amount of Each Receipt this Period 200.00
City Saint Louis	State MO	Zip Code 63108
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Carole C. Allen</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 15 / 2013 <b>Transaction ID : 3624024</b>
Mailing Address 180 Montana DR		Amount of Each Receipt this Period 10.00 Jeanne Shaheen Earmark Contributions
City Danville	State CA	Zip Code 94526
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	510.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 418 OF 1350
	<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. Ms. Jean Aroeste**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1662 Michael Ln.  
 City Pacific Palisades State CA Zip Code 90272  
 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 ▼ 0.00

Date of Receipt  
 04 / 01 / 2013  
**Transaction ID : 3615231**  
 Amount of Each Receipt this Period  
 25.00  
 Jeanne Shaheen Earmark Contributions

**B. Ms. Jan Aust**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5436 SE 45th Ave.  
 City Portland State OR Zip Code 97206  
 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 ▼ 0.00

Date of Receipt  
 04 / 01 / 2013  
**Transaction ID : 3615227**  
 Amount of Each Receipt this Period  
 10.00  
 Jeanne Shaheen Earmark Contributions

**C. Mr. John Ballantyne**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 705 16th St  
 City Bettendorf State IA Zip Code 52722  
 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 ▼ 0.00

Date of Receipt  
 04 / 10 / 2013  
**Transaction ID : 3620224**  
 Amount of Each Receipt this Period  
 50.00  
 Jeanne Shaheen Earmark Contributions

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	85.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 419 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Angela O. Bedenbaugh**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 63 Suggs RD  
 City Hattiesburg State MS Zip Code 39402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Southern Mississippi Occupation Educator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 22 / 2013  
**Transaction ID : 3627961**  
 Amount of Each Receipt this Period 20.00  
 Jeanne Shaheen Earmark Contributions

**B. Ms. Rose E. Bernosky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38319 Eucalyptus DR  
 City Zephyrhills State FL Zip Code 33542  
 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 ▼ 0.00

Date of Receipt 04 / 01 / 2013  
**Transaction ID : 3615229**  
 Amount of Each Receipt this Period 15.00  
 Jeanne Shaheen Earmark Contributions

**C. Ms. Jean R. Bower**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2500 Q St NW Apt 705  
 City Washington State DC Zip Code 20007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DC Superior Court Occupation retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 01 / 2013  
**Transaction ID : 3615221**  
 Amount of Each Receipt this Period 100.00  
 Jeanne Shaheen Earmark Contributions

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	135.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 420 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**EMILY's List**

**A. Ms. Bonita Bowes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 179  
 City Richmondville State NY Zip Code 12149  
 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 **0.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2013  
**Transaction ID : 3619544**  
 Amount of Each Receipt this Period  
**7.50**  
 Jeanne Shaheen Earmark Contributions

**B. Ms. Elizabeth Brobst**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 467 Park Ave  
 City Lock Haven State PA Zip Code 17745  
 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 **0.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2013  
**Transaction ID : 3633630**  
 Amount of Each Receipt this Period  
**20.00**  
 Jeanne Shaheen Earmark Contributions

**C. Ms. Barbara Jo Brothers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3215 Albin DR  
 City San Antonio State TX Zip Code 78209  
 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 **0.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 25 / 2013  
**Transaction ID : 3629935**  
 Amount of Each Receipt this Period  
**20.00**  
 Jeanne Shaheen Earmark Contributions

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>47.50</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**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 421 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial) <b>A. Joelle Burton</b>		Date of Receipt MM / DD / YYYY 04 / 23 / 2013 <b>Transaction ID : 3628349</b>
Mailing Address 721 NE 15th Ave		Amount of Each Receipt this Period 10.00 Jeanne Shaheen Earmark Contributions
City Camas	State WA	Zip Code 98607
FEC ID number of contributing federal political committee. C		
Name of Employer Country Pleasures	Occupation PUBLISHER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Richard Busch</b>		Date of Receipt MM / DD / YYYY 04 / 05 / 2013 <b>Transaction ID : 3617052</b>
Mailing Address 2308 Georgia DR		Amount of Each Receipt this Period 10.00 Jeanne Shaheen Earmark Contributions
City Westlake	State OH	Zip Code 44145
FEC ID number of contributing federal political committee. C		
Name of Employer REQUESTED	Occupation REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Linda J. Carpenter</b>		Date of Receipt MM / DD / YYYY 04 / 09 / 2013 <b>Transaction ID : 3619548</b>
Mailing Address 1900 Roosevelt Dr Apt 2		Amount of Each Receipt this Period 25.00 Jeanne Shaheen Earmark Contributions
City Northfield	State MN	Zip Code 55057
FEC ID number of contributing federal political committee. C		
Name of Employer REQUESTED	Occupation REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 422 OF 1350
	<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. Mr. Paul Carry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 595 Paokano Lp  
 City Kailua State HI Zip Code 96734  
 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 ▼ 0.00

Date of Receipt  
 04 / 08 / 2013  
**Transaction ID : 3619519**  
 Amount of Each Receipt this Period  
 100.00  
 Jeanne Shaheen Earmark Contributions

**B. Ms. Carolyn Levy Clark**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 Royal Way  
 City Dallas State TX Zip Code 75229  
 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 ▼ 0.00

Date of Receipt  
 04 / 01 / 2013  
**Transaction ID : 3615223**  
 Amount of Each Receipt this Period  
 100.00  
 Jeanne Shaheen Earmark Contributions

**C. Ms. Ann Clarkson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5203 SE 38th Ave  
 City Portland State OR Zip Code 97202  
 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 ▼ 0.00

Date of Receipt  
 04 / 01 / 2013  
**Transaction ID : 3615213**  
 Amount of Each Receipt this Period  
 50.00  
 Jeanne Shaheen Earmark Contributions

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 423 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Mr. Victor R. Daub**  
Full Name (Last, First, Middle Initial)

Mailing Address 4971 E Calle Capistrano

City Tucson State AZ Zip Code 85718

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2013

**Transaction ID : 3619517**

Amount of Each Receipt this Period  
 25.00

Jeanne Shaheen Earmark Contributions

**B. Elizabeth Dent**  
Full Name (Last, First, Middle Initial)

Mailing Address 608 Plaza Del Sol

City Modesto State CA Zip Code 95350

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2013

**Transaction ID : 3620228**

Amount of Each Receipt this Period  
 25.00

Jeanne Shaheen Earmark Contributions

**C. Ms. Patricia Donovan**  
Full Name (Last, First, Middle Initial)

Mailing Address 3109 Mountview Rd.

City Columbus State OH Zip Code 43221

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 02 / 2013

**Transaction ID : 3616307**

Amount of Each Receipt this Period  
 10.00

Jeanne Shaheen Earmark Contributions

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 424 OF 1350
	<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**

Full Name (Last, First, Middle Initial) <b>A. Ms. Fresia Escalona</b>		Date of Receipt MM / DD / YYYY 04 / 09 / 2013 <b>Transaction ID : 3619546</b>
Mailing Address 542 Santa Ana Ave		Amount of Each Receipt this Period 50.00 Jeanne Shaheen Earmark Contributions
City Newport Beach	State CA	Zip Code 92663
FEC ID number of contributing federal political committee. C		
Name of Employer REQUESTED	Occupation REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Aaron Frankel</b>		Date of Receipt MM / DD / YYYY 04 / 08 / 2013 <b>Transaction ID : 3619531</b>
Mailing Address 425 Riverside DR Apt 11j		Amount of Each Receipt this Period 100.00 Jeanne Shaheen Earmark Contributions
City New York	State NY	Zip Code 10025
FEC ID number of contributing federal political committee. C		
Name of Employer REQUESTED	Occupation REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C. Mrs. Frances French</b>		Date of Receipt MM / DD / YYYY 04 / 10 / 2013 <b>Transaction ID : 3620226</b>
Mailing Address 767 Timber DR		Amount of Each Receipt this Period 25.00 Jeanne Shaheen Earmark Contributions
City New Braunfels	State TX	Zip Code 78130
FEC ID number of contributing federal political committee. C		
Name of Employer REQUESTED	Occupation REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	175.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 425 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Ms. Marilyn Gross**  
Full Name (Last, First, Middle Initial)

Mailing Address 5995 Pebble Beach Drive

City Reno	State NV	Zip Code 89502
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Washoe County School District	Occupation teacher
---	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	02	/	2013

**Transaction ID : 3616305**

Amount of Each Receipt this Period  

100.00
--------

 20.00

Jeanne Shaheen Earmark Contributions

**B. Mr. Leo V. Hayes**  
Full Name (Last, First, Middle Initial)

Mailing Address 3204 Midvale Ave.

City Philadelphia	State PA	Zip Code 19129
----------------------	-------------	-------------------

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 ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	24	/	2013

**Transaction ID : 3629180**

Amount of Each Receipt this Period  

100.00
--------

 50.00

Jeanne Shaheen Earmark Contributions

**C. Mr. John Holcomb**  
Full Name (Last, First, Middle Initial)

Mailing Address 4681 SW Equestrian DR

City Gresham	State OR	Zip Code 97080
-----------------	-------------	-------------------

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 ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	09	/	2013

**Transaction ID : 3619552**

Amount of Each Receipt this Period  

100.00
--------

 100.00

Jeanne Shaheen Earmark Contributions

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	170.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 426 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Ms. Molly Holtsford**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 231 Fairmont Drive  
 City Dekalb State IL Zip Code 60115  
 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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2013  
**Transaction ID : 3624022**  
 Amount of Each Receipt this Period  
 100.00  
 Jeanne Shaheen Earmark Contributions

**B. Ms. Carol M. Klevans**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 Timber Acres Rd.  
 City Short Hills State NJ Zip Code 07078  
 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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2013  
**Transaction ID : 3624030**  
 Amount of Each Receipt this Period  
 50.00  
 Jeanne Shaheen Earmark Contributions

**C. Mrs. Virginia M. Krutilek**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 921 Broadway  
 City Alameda State CA Zip Code 94501  
 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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 12 / 2013  
**Transaction ID : 3621524**  
 Amount of Each Receipt this Period  
 12.50  
 Jeanne Shaheen Earmark Contributions

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	162.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 427 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**EMILY's List**

**A. Ms. Lee Regan Larkin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 90 Fair Oaks Park  
 City Needham State MA Zip Code 02492  
 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 ▼ 0.00

Date of Receipt  
 04 / 09 / 2013  
**Transaction ID : 3619550**  
 Amount of Each Receipt this Period  
 50.00  
 Jeanne Shaheen Earmark Contributions

**B. John Macneil**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1308 Osprey Nest Lane  
 City Port Orange State FL Zip Code 32128  
 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 ▼ 0.00

Date of Receipt  
 04 / 01 / 2013  
**Transaction ID : 3615207**  
 Amount of Each Receipt this Period  
 25.00  
 Jeanne Shaheen Earmark Contributions

**C. Ms. Lorraine McCarthy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 693 W 9th St  
 City Claremont State CA Zip Code 91711  
 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 ▼ 0.00

Date of Receipt  
 04 / 01 / 2013  
**Transaction ID : 3615219**  
 Amount of Each Receipt this Period  
 50.00  
 Jeanne Shaheen Earmark Contributions

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 428 OF 1350
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Ms. Rose Ann McCormick**  
Full Name (Last, First, Middle Initial)  
Mailing Address 851 E. Galena Dr.  
City Sandy State UT Zip Code 84094  
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 ▼ 0.00

Date of Receipt 04 / 15 / 2013  
**Transaction ID : 3624028**  
Amount of Each Receipt this Period 10.00  
Jeanne Shaheen Earmark Contributions

**B. Ms. Deborah A. McDaris**  
Full Name (Last, First, Middle Initial)  
Mailing Address 932 N Main Ave  
City Republic State MO Zip Code 65738  
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 ▼ 0.00

Date of Receipt 04 / 01 / 2013  
**Transaction ID : 3615225**  
Amount of Each Receipt this Period 25.00  
Jeanne Shaheen Earmark Contributions

**C. Ms. Janice L. Moritz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 644 Plantation Dr  
City Titusville State FL Zip Code 32780  
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 ▼ 0.00

Date of Receipt 04 / 01 / 2013  
**Transaction ID : 3615233**  
Amount of Each Receipt this Period 100.00  
Jeanne Shaheen Earmark Contributions

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	135.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 429 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Ms. Eleanor Nemec**  
Full Name (Last, First, Middle Initial)  
Mailing Address 206 N Lakeview Dr.  
City Coeur D Alene State ID Zip Code 83814  
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 0.00

Date of Receipt 04 / 08 / 2013  
**Transaction ID : 3619527**  
Amount of Each Receipt this Period 25.00  
Jeanne Shaheen Earmark Contributions

**B. Mr. Marshall D. Newton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15 Cedar Ln  
City Setauket State NY Zip Code 11733  
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 0.00

Date of Receipt 04 / 11 / 2013  
**Transaction ID : 3620309**  
Amount of Each Receipt this Period 50.00  
Jeanne Shaheen Earmark Contributions

**C. Ms. Cheryl Peterson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1100 W Montrose Ave., Apt. 501  
City Chicago State IL Zip Code 60613  
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 0.00

Date of Receipt 04 / 09 / 2013  
**Transaction ID : 3619554**  
Amount of Each Receipt this Period 50.00  
Jeanne Shaheen Earmark Contributions

**SUBTOTAL** of Receipts This Page (optional).....▶ 125.00  
**TOTAL** This Period (last page this line number only).....▶

**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 430 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Judith A. Phillips</b>		Date of Receipt
Mailing Address 891 S Walnut St Apt. 223		<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City Anaheim	State CA	Zip Code 92802
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3627963</b>
Name of Employer REQUESTED	Occupation REQUESTED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
	<input type="text" value="0.00"/>	Jeanne Shaheen Earmark Contributions

Full Name (Last, First, Middle Initial) <b>B. Ms. Irma Polney</b>		Date of Receipt
Mailing Address 155 Broad St., Apt. 44		<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2013"/>
City Flemington	State NJ	Zip Code 08822
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3619542</b>
Name of Employer REQUESTED	Occupation REQUESTED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="1.00"/>
	<input type="text" value="0.00"/>	Jeanne Shaheen Earmark Contributions

Full Name (Last, First, Middle Initial) <b>C. Ms. Majorie A. Radloff</b>		Date of Receipt
Mailing Address 4 Abbot St.		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City Marblehead	State MA	Zip Code 01945
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3621526</b>
Name of Employer REQUESTED	Occupation REQUESTED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="25.00"/>
	<input type="text" value="0.00"/>	Jeanne Shaheen Earmark Contributions

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="126.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 431 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Mr. Joseph B. Rafferty**  
Full Name (Last, First, Middle Initial)

Mailing Address 115 Clark St

City Jeffersonville State IN Zip Code 47130

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2013  
**Transaction ID : 3619523**

Amount of Each Receipt this Period  
 20.00

Jeanne Shaheen Earmark Contributions

**B. Ms. Anne P. Randolph**  
Full Name (Last, First, Middle Initial)

Mailing Address 460 Buck Avenue

City Vacaville State CA Zip Code 95688

FEC ID number of contributing federal political committee. **C**

Name of Employer LA County USC MC Occupation RN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2013  
**Transaction ID : 3615217**

Amount of Each Receipt this Period  
 15.00

Jeanne Shaheen Earmark Contributions

**C. Marion Rendon**  
Full Name (Last, First, Middle Initial)

Mailing Address 40 Schenck Ave Apt 2c

City Great Neck State NY Zip Code 11021

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2013  
**Transaction ID : 3615209**

Amount of Each Receipt this Period  
 25.00

Jeanne Shaheen Earmark Contributions

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 432 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Mr. Ben F. Rogers**  
Full Name (Last, First, Middle Initial)

Mailing Address 9341 W 125th St

City Overland Park State KS Zip Code 66213

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 ▼ 0.00

Date of Receipt  
04 / 08 / 2013  
Transaction ID : 3619525

Amount of Each Receipt this Period  
100.00

Jeanne Shaheen Earmark Contributions

**B. Ms. Frances Sanders**  
Full Name (Last, First, Middle Initial)

Mailing Address 6000 Riverside Dr Apt A462

City Dublin State OH Zip Code 43017

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 ▼ 0.00

Date of Receipt  
04 / 16 / 2013  
Transaction ID : 3624018

Amount of Each Receipt this Period  
50.00

Jeanne Shaheen Earmark Contributions

**C. Mr. Philip Schulman**  
Full Name (Last, First, Middle Initial)

Mailing Address 262 Ironwood Circle

City Elkins State PA Zip Code 19027

FEC ID number of contributing federal political committee. **C**

Name of Employer University of the arts Occupation PROF. FINE ARTS& ARTIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
04 / 23 / 2013  
Transaction ID : 3628351

Amount of Each Receipt this Period  
10.00

Jeanne Shaheen Earmark Contributions

**SUBTOTAL** of Receipts This Page (optional).....▶ 160.00

**TOTAL** This Period (last page this line number only).....▶



**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 433 OF 1350
	<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**

Full Name (Last, First, Middle Initial) <b>A. Ms. Suzanne Schulze</b>		Date of Receipt MM / DD / YYYY 04 / 01 / 2013 <b>Transaction ID : 3615235</b>
Mailing Address 1072 S. Lamkin Road		Amount of Each Receipt this Period 50.00 Jeanne Shaheen Earmark Contributions
City Harbor Springs	State MI	Zip Code 49740
FEC ID number of contributing federal political committee. C		
Name of Employer REQUESTED	Occupation REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B. Noreen Snyder</b>		Date of Receipt MM / DD / YYYY 04 / 05 / 2013 <b>Transaction ID : 3617054</b>
Mailing Address 65 Wilderness Rise Rd		Amount of Each Receipt this Period 10.00 Jeanne Shaheen Earmark Contributions
City Colchester	State VT	Zip Code 05446
FEC ID number of contributing federal political committee. C		
Name of Employer REQUESTED	Occupation REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C. Mrs. Christell S. Stephenson</b>		Date of Receipt MM / DD / YYYY 04 / 01 / 2013 <b>Transaction ID : 3615211</b>
Mailing Address 3208 Five Oaks Place		Amount of Each Receipt this Period 10.00 Jeanne Shaheen Earmark Contributions
City Louisville	State KY	Zip Code 40207
FEC ID number of contributing federal political committee. C		
Name of Employer REQUESTED	Occupation REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	70.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 434 OF 1350
	<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. Ms. Betty StJohn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2500 State Highway 121 Apt 828  
 City Eulesless State TX Zip Code 76039  
 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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2013  
**Transaction ID : 3624034**  
 Amount of Each Receipt this Period  
 20.00  
 Jeanne Shaheen Earmark Contributions

**B. Mrs. Anne F. Sturtevant**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 444 SW Alderwood Dr.  
 City West Linn State OR Zip Code 97068  
 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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2013  
**Transaction ID : 3619515**  
 Amount of Each Receipt this Period  
 25.00  
 Jeanne Shaheen Earmark Contributions

**C. Liann Sundquist**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7211 36th Ave SW  
 City Seattle State WA Zip Code 98126  
 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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2013  
**Transaction ID : 3624026**  
 Amount of Each Receipt this Period  
 100.00  
 Jeanne Shaheen Earmark Contributions

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	145.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 435 OF 1350		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

**A. Ms. Elizabeth J. Tindle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6408 Ashborough Ct. Apt. A  
 City Milton State FL Zip Code 32570  
 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 ▼ 0.00

Date of Receipt 04 / 15 / 2013  
**Transaction ID : 3624032**  
 Amount of Each Receipt this Period 25.00  
 Jeanne Shaheen Earmark Contributions

**B. Ms. Cheryl Washington**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6258 Cottle RD  
 City San Jose State CA Zip Code 95123  
 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 ▼ 0.00

Date of Receipt 04 / 01 / 2013  
**Transaction ID : 3615215**  
 Amount of Each Receipt this Period 20.00  
 Jeanne Shaheen Earmark Contributions

**C. Ms. Margaret Wiley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 127 Rubio Way  
 City Hayward State CA Zip Code 94544  
 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 ▼ 0.00

Date of Receipt 04 / 16 / 2013  
**Transaction ID : 3624020**  
 Amount of Each Receipt this Period 20.00  
 Jeanne Shaheen Earmark Contributions

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	65.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 436 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Margaret Wilson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3726 Cokesbury Rd.  
City Hodges State SC Zip Code 29653  
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 0.00

Date of Receipt 04 / 08 / 2013  
**Transaction ID : 3619521**  
Amount of Each Receipt this Period 25.00  
Jeanne Shaheen Earmark Contributions

**B. Ms. Carole C. Allen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 180 Montana DR  
City Danville State CA Zip Code 94526  
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 0.00

Date of Receipt 04 / 15 / 2013  
**Transaction ID : 3624025**  
Amount of Each Receipt this Period 10.00  
Kay Hagan Earmark Contributions

**C. Ms. Jean Aroeste**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1662 Michael Ln.  
City Pacific Palisades State CA Zip Code 90272  
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 0.00

Date of Receipt 04 / 01 / 2013  
**Transaction ID : 3615230**  
Amount of Each Receipt this Period 25.00  
Kay Hagan Earmark Contributions

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 437 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Ms. Jan Aust**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5436 SE 45th Ave.  
City Portland State OR Zip Code 97206  
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 **0.00**

Date of Receipt **04 / 01 / 2013**  
**Transaction ID : 3615226**  
Amount of Each Receipt this Period **10.00**  
Kay Hagan Earmark Contributions

**B. Mr. John Ballantyne**  
Full Name (Last, First, Middle Initial)  
Mailing Address 705 16th St  
City Bettendorf State IA Zip Code 52722  
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 **0.00**

Date of Receipt **04 / 10 / 2013**  
**Transaction ID : 3620225**  
Amount of Each Receipt this Period **50.00**  
Kay Hagan Earmark Contributions

**c. Ms. Angela O. Bedenbaugh**  
Full Name (Last, First, Middle Initial)  
Mailing Address 63 Suggs RD  
City Hattiesburg State MS Zip Code 39402  
FEC ID number of contributing federal political committee. **C**  
Name of Employer University of Southern Mississippi Occupation Educator  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **0.00**

Date of Receipt **04 / 22 / 2013**  
**Transaction ID : 3627962**  
Amount of Each Receipt this Period **20.00**  
Kay Hagan Earmark Contributions

**SUBTOTAL** of Receipts This Page (optional)..... **80.00**  
**TOTAL** This Period (last page this line number only).....

**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 438 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Rose E. Bernosky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38319 Eucalyptus DR  
 City Zephyrhills State FL Zip Code 33542  
 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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2013  
**Transaction ID : 3615228**  
 Amount of Each Receipt this Period  
 15.00  
 Kay Hagan Earmark Contributions

**B. Ms. Bonita Bowes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 179  
 City Richmondville State NY Zip Code 12149  
 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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2013  
**Transaction ID : 3619545**  
 Amount of Each Receipt this Period  
 7.50  
 Kay Hagan Earmark Contributions

**C. Ms. Elizabeth Brobst**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 467 Park Ave  
 City Lock Haven State PA Zip Code 17745  
 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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2013  
**Transaction ID : 3633631**  
 Amount of Each Receipt this Period  
 20.00  
 Kay Hagan Earmark Contributions

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	42.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 439 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

**A. Ms. Barbara Jo Brothers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3215 Albin DR  
 City San Antonio State TX Zip Code 78209  
 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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 25 / 2013  
**Transaction ID : 3629936**  
 Amount of Each Receipt this Period 20.00  
 Kay Hagan Earmark Contributions

**B. Joelle Burton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 721 NE 15th Ave  
 City Camas State WA Zip Code 98607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Country Pleasures Occupation PUBLISHER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2013  
**Transaction ID : 3628348**  
 Amount of Each Receipt this Period 10.00  
 Kay Hagan Earmark Contributions

**C. Mr. Richard Busch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2308 Georgia DR  
 City Westlake State OH Zip Code 44145  
 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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 05 / 2013  
**Transaction ID : 3617051**  
 Amount of Each Receipt this Period 10.00  
 Kay Hagan Earmark Contributions

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 440 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Ms. Linda J. Carpenter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1900 Roosevelt Dr Apt 2  
City Northfield State MN Zip Code 55057  
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 ▼ 0.00

Date of Receipt 04 / 09 / 2013  
**Transaction ID : 3619549**  
Amount of Each Receipt this Period 25.00  
Kay Hagan Earmark Contributions

**B. Mr. Paul Carry**  
Full Name (Last, First, Middle Initial)  
Mailing Address 595 Paokano Lp  
City Kailua State HI Zip Code 96734  
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 ▼ 0.00

Date of Receipt 04 / 08 / 2013  
**Transaction ID : 3619520**  
Amount of Each Receipt this Period 100.00  
Kay Hagan Earmark Contributions

**C. Ms. Carolyn Levy Clark**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12 Royal Way  
City Dallas State TX Zip Code 75229  
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 ▼ 0.00

Date of Receipt 04 / 01 / 2013  
**Transaction ID : 3615222**  
Amount of Each Receipt this Period 100.00  
Kay Hagan Earmark Contributions

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 441 OF 1350
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. Ms. Ann Clarkson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5203 SE 38th Ave  
City Portland State OR Zip Code 97202  
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 ▼ 0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 01 / 2013  
**Transaction ID : 3615214**  
Amount of Each Receipt this Period  
50.00  
Kay Hagan Earmark Contributions

**B. Mr. John Cloward**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5612 David Christian Pl.  
City Greensboro State NC Zip Code 27410  
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 ▼ 0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 05 / 2013  
**Transaction ID : 3617055**  
Amount of Each Receipt this Period  
10.00  
Kay Hagan Earmark Contributions

**C. Ms. Alice Creighton Garfield**  
Full Name (Last, First, Middle Initial)  
Mailing Address 117 Mossbark Lane  
City Chapel Hill State NC Zip Code 27514  
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 ▼ 0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 08 / 2013  
**Transaction ID : 3619529**  
Amount of Each Receipt this Period  
100.00  
Kay Hagan Earmark Contributions

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	160.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 442 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Mr. Victor R. Daub**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4971 E Calle Capistrano  
 City Tucson State AZ Zip Code 85718  
 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 ▼ 0.00

Date of Receipt  
 04 / 08 / 2013  
**Transaction ID : 3619518**  
 Amount of Each Receipt this Period 25.00  
 Kay Hagan Earmark Contributions

**B. Elizabeth Dent**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 608 Plaza Del Sol  
 City Modesto State CA Zip Code 95350  
 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 ▼ 0.00

Date of Receipt  
 04 / 10 / 2013  
**Transaction ID : 3620229**  
 Amount of Each Receipt this Period 25.00  
 Kay Hagan Earmark Contributions

**C. Ms. Patricia Donovan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3109 Mountview Rd.  
 City Columbus State OH Zip Code 43221  
 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 ▼ 0.00

Date of Receipt  
 04 / 02 / 2013  
**Transaction ID : 3616306**  
 Amount of Each Receipt this Period 10.00  
 Kay Hagan Earmark Contributions

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 443 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ms. Fresia Escalona**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 542 Santa Ana Ave  
 City Newport Beach State CA Zip Code 92663  
 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 ▼ 0.00

Date of Receipt  
 04 / 09 / 2013  
**Transaction ID : 3619547**  
 Amount of Each Receipt this Period 50.00  
 Kay Hagan Earmark Contributions

**B. Mr. Aaron Frankel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 425 Riverside DR Apt 11j  
 City New York State NY Zip Code 10025  
 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 ▼ 0.00

Date of Receipt  
 04 / 08 / 2013  
**Transaction ID : 3619532**  
 Amount of Each Receipt this Period 100.00  
 Kay Hagan Earmark Contributions

**C. Mrs. Frances French**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 767 Timber DR  
 City New Braunfels State TX Zip Code 78130  
 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 ▼ 0.00

Date of Receipt  
 04 / 10 / 2013  
**Transaction ID : 3620227**  
 Amount of Each Receipt this Period 25.00  
 Kay Hagan Earmark Contributions

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 175.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 444 OF 1350
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. Marvin Garfinkel**  
Full Name (Last, First, Middle Initial)

Mailing Address 1052 Merlin Drive

City Niskayuna State NY Zip Code 12309

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2013

**Transaction ID : 3619516**

Amount of Each Receipt this Period  
 50.00

Kay Hagan Earmark Contributions

**B. Ms. Marilyn Gross**  
Full Name (Last, First, Middle Initial)

Mailing Address 5995 Pebble Beach Drive

City Reno State NV Zip Code 89502

FEC ID number of contributing federal political committee. **C**

Name of Employer Washoe County School District Occupation teacher

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 02 / 2013

**Transaction ID : 3616304**

Amount of Each Receipt this Period  
 20.00

Kay Hagan Earmark Contributions

**C. Mr. Leo V. Hayes**  
Full Name (Last, First, Middle Initial)

Mailing Address 3204 Midvale Ave.

City Philadelphia State PA Zip Code 19129

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 24 / 2013

**Transaction ID : 3629181**

Amount of Each Receipt this Period  
 50.00

Kay Hagan Earmark Contributions

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 120.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 445 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Mr. John Holcomb**  
Full Name (Last, First, Middle Initial)

Mailing Address 4681 SW Equestrian DR

City Gresham State OR Zip Code 97080

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2013  
**Transaction ID : 3619553**

Amount of Each Receipt this Period  
 100.00

Kay Hagan Earmark Contributions

**B. Ms. Molly Holtsford**  
Full Name (Last, First, Middle Initial)

Mailing Address 231 Fairmont Drive

City Dekalb State IL Zip Code 60115

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2013  
**Transaction ID : 3624023**

Amount of Each Receipt this Period  
 100.00

Kay Hagan Earmark Contributions

**C. Ms. Frances S. Howard**  
Full Name (Last, First, Middle Initial)

Mailing Address 10310 Sugarberry Ct., Apt. 307

City Raleigh State NC Zip Code 27614

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2013  
**Transaction ID : 3619513**

Amount of Each Receipt this Period  
 20.00

Kay Hagan Earmark Contributions

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	220.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 446 OF 1350
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. Ms. Carol M. Klevans**  
Full Name (Last, First, Middle Initial)

Mailing Address 30 Timber Acres Rd.

City Short Hills State NJ Zip Code 07078

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2013

**Transaction ID : 3624031**

Amount of Each Receipt this Period  
 50.00

Kay Hagan Earmark Contributions

**B. Mrs. Virginia M. Krutilek**  
Full Name (Last, First, Middle Initial)

Mailing Address 921 Broadway

City Alameda State CA Zip Code 94501

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 12 / 2013

**Transaction ID : 3621525**

Amount of Each Receipt this Period  
 12.50

Kay Hagan Earmark Contributions

**C. Ms. Lee Regan Larkin**  
Full Name (Last, First, Middle Initial)

Mailing Address 90 Fair Oaks Park

City Needham State MA Zip Code 02492

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2013

**Transaction ID : 3619551**

Amount of Each Receipt this Period  
 50.00

Kay Hagan Earmark Contributions

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	112.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 447 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. John Macneil**  
Full Name (Last, First, Middle Initial)

Mailing Address 1308 Osprey Nest Lane

City Port Orange State FL Zip Code 32128

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2013  
**Transaction ID : 3615208**

Amount of Each Receipt this Period  
 25.00

Kay Hagan Earmark Contributions

**B. Ms. Lorraine McCarthy**  
Full Name (Last, First, Middle Initial)

Mailing Address 693 W 9th St

City Claremont State CA Zip Code 91711

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2013  
**Transaction ID : 3615220**

Amount of Each Receipt this Period  
 50.00

Kay Hagan Earmark Contributions

**C. Ms. Rose Ann McCormick**  
Full Name (Last, First, Middle Initial)

Mailing Address 851 E. Galena Dr.

City Sandy State UT Zip Code 84094

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2013  
**Transaction ID : 3624029**

Amount of Each Receipt this Period  
 10.00

Kay Hagan Earmark Contributions

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	85.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 448 OF 1350
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Deborah A. McDaris</b>		Date of Receipt
Mailing Address 932 N Main Ave		<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City State Zip Code Republic MO 65738		<b>Transaction ID : 3615224</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer REQUESTED	Occupation REQUESTED	Kay Hagan Earmark Contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="0.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Ms. Janice L. Moritz</b>		Date of Receipt
Mailing Address 644 Plantation Dr		<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City State Zip Code Titusville FL 32780		<b>Transaction ID : 3615232</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer None	Occupation RETIRED	Kay Hagan Earmark Contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="0.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Ms. Eleanor Nemec</b>		Date of Receipt
Mailing Address 206 N Lakeview Dr.		<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2013"/>
City State Zip Code Coeur D Alene ID 83814		<b>Transaction ID : 3619528</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer REQUESTED	Occupation REQUESTED	Kay Hagan Earmark Contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="0.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



**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 449 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Mr. Marshall D. Newton**  
Full Name (Last, First, Middle Initial)

Mailing Address 15 Cedar Ln

City State Zip Code  
Setauket NY 11733

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
REQUESTED REQUESTED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

**Transaction ID : 3620310**

Amount of Each Receipt this Period  
50.00

Kay Hagan Earmark Contributions

**B. Ms. Cheryl Peterson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1100 W Montrose Ave., Apt. 501

City State Zip Code  
Chicago IL 60613

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
REQUESTED REQUESTED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 09 / 2013

**Transaction ID : 3619555**

Amount of Each Receipt this Period  
50.00

Kay Hagan Earmark Contributions

**C. Ms. Judith A. Phillips**  
Full Name (Last, First, Middle Initial)

Mailing Address 891 S Walnut St  
Apt. 223

City State Zip Code  
Anaheim CA 92802

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
REQUESTED REQUESTED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 22 / 2013

**Transaction ID : 3627964**

Amount of Each Receipt this Period  
100.00

Kay Hagan Earmark Contributions

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 450 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Ms. Irma Polney**  
Full Name (Last, First, Middle Initial)

Mailing Address 155 Broad St., Apt. 44

City State Zip Code  
Flemington NJ 08822

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
REQUESTED REQUESTED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 09 / 2013  
**Transaction ID : 3619543**

Amount of Each Receipt this Period  
0.00

Kay Hagan Earmark Contributions

**B. Ms. Majorie A. Radloff**  
Full Name (Last, First, Middle Initial)

Mailing Address 4 Abbot St.

City State Zip Code  
Marblehead MA 01945

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
REQUESTED REQUESTED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 12 / 2013  
**Transaction ID : 3621527**

Amount of Each Receipt this Period  
25.00

Kay Hagan Earmark Contributions

**C. Mr. Joseph B. Rafferty**  
Full Name (Last, First, Middle Initial)

Mailing Address 115 Clark St

City State Zip Code  
Jeffersonville IN 47130

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
REQUESTED REQUESTED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 08 / 2013  
**Transaction ID : 3619524**

Amount of Each Receipt this Period  
20.00

Kay Hagan Earmark Contributions

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 46.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 451 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
**EMILY's List**

**A. Ms. Anne P. Randolph**  
Full Name (Last, First, Middle Initial)

Mailing Address 460 Buck Avenue

City Vacaville State CA Zip Code 95688

FEC ID number of contributing federal political committee. **C**

Name of Employer LA County USC MC Occupation RN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 01 / 2013**

**Transaction ID : 3615218**

Amount of Each Receipt this Period  
**15.00**

Kay Hagan Earmark Contributions

**B. Marion Rendon**  
Full Name (Last, First, Middle Initial)

Mailing Address 40 Schenck Ave Apt 2c

City Great Neck State NY Zip Code 11021

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 ▼ **0.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 01 / 2013**

**Transaction ID : 3615210**

Amount of Each Receipt this Period  
**25.00**

Kay Hagan Earmark Contributions

**C. Mr. Ben F. Rogers**  
Full Name (Last, First, Middle Initial)

Mailing Address 9341 W 125th St

City Overland Park State KS Zip Code 66213

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 ▼ **0.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 08 / 2013**

**Transaction ID : 3619526**

Amount of Each Receipt this Period  
**100.00**

Kay Hagan Earmark Contributions

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>140.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 452 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Ms. Frances Sanders**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6000 Riverside Dr Apt A462

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

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 ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	16	/	2013

**Transaction ID : 3624019**

Amount of Each Receipt this Period  

50.00
-------

Kay Hagan Earmark Contributions

**B. Mr. Philip Schulman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 262 Ironwood Circle

City Elkins	State PA	Zip Code 19027
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer University of the arts	Occupation PROF. FINE ARTS& ARTIST
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2013

**Transaction ID : 3628350**

Amount of Each Receipt this Period  

10.00
-------

Kay Hagan Earmark Contributions

**C. Ms. Suzanne Schulze**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1072 S. Lamkin Road

City Harbor Springs	State MI	Zip Code 49740
------------------------	-------------	-------------------

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 ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	01	/	2013

**Transaction ID : 3615234**

Amount of Each Receipt this Period  

50.00
-------

Kay Hagan Earmark Contributions

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	110.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 453 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Noreen Snyder</b>		Date of Receipt MM / DD / YYYY 04 / 05 / 2013 <b>Transaction ID : 3617053</b>
Mailing Address 65 Wilderness Rise Rd		Amount of Each Receipt this Period 10.00
City Colchester	State VT	Zip Code 05446
FEC ID number of contributing federal political committee. <b>C</b>		Kay Hagan Earmark Contributions
Name of Employer REQUESTED	Occupation REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B. Mrs. Christell S. Stephenson</b>		Date of Receipt MM / DD / YYYY 04 / 01 / 2013 <b>Transaction ID : 3615212</b>
Mailing Address 3208 Five Oaks Place		Amount of Each Receipt this Period 10.00
City Louisville	State KY	Zip Code 40207
FEC ID number of contributing federal political committee. <b>C</b>		Kay Hagan Earmark Contributions
Name of Employer REQUESTED	Occupation REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C. Mrs. Anne F. Sturtevant</b>		Date of Receipt MM / DD / YYYY 04 / 08 / 2013 <b>Transaction ID : 3619514</b>
Mailing Address 444 SW Alderwood Dr.		Amount of Each Receipt this Period 25.00
City West Linn	State OR	Zip Code 97068
FEC ID number of contributing federal political committee. <b>C</b>		Kay Hagan Earmark Contributions
Name of Employer REQUESTED	Occupation REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 454 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Liann Sundquist**  
Full Name (Last, First, Middle Initial)

Mailing Address 7211 36th Ave SW

City Seattle State WA Zip Code 98126

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 ▼ 0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 15 / 2013

**Transaction ID : 3624027**

Amount of Each Receipt this Period  
100.00

Kay Hagan Earmark Contributions

**B. Ms. Elizabeth J. Tindle**  
Full Name (Last, First, Middle Initial)

Mailing Address 6408 Ashborough Ct. Apt. A

City Milton State FL Zip Code 32570

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 ▼ 0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 15 / 2013

**Transaction ID : 3624033**

Amount of Each Receipt this Period  
25.00

Kay Hagan Earmark Contributions

**C. Joan Walsh**  
Full Name (Last, First, Middle Initial)

Mailing Address 6 Springlake DR

City West harrison State NY Zip Code 10604

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 ▼ 0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 23 / 2013

**Transaction ID : 3628347**

Amount of Each Receipt this Period  
100.00

Kay Hagan Earmark Contributions

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 455 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ms. Cheryl Washington**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6258 Cottle RD  
 City San Jose State CA Zip Code 95123  
 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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2013  
**Transaction ID : 3615216**  
 Amount of Each Receipt this Period 20.00  
 Kay Hagan Earmark Contributions

**B. Ms. Margaret Wiley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 127 Rubio Way  
 City Hayward State CA Zip Code 94544  
 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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 16 / 2013  
**Transaction ID : 3624021**  
 Amount of Each Receipt this Period 20.00  
 Kay Hagan Earmark Contributions

**C. Ms. Margaret Wilson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3726 Cokesbury Rd.  
 City Hodges State SC Zip Code 29653  
 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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2013  
**Transaction ID : 3619522**  
 Amount of Each Receipt this Period 25.00  
 Kay Hagan Earmark Contributions

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 65.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 456 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Ms. Lois Chaffee**  
Full Name (Last, First, Middle Initial)  
Mailing Address 248 East 7th Street  
City New York State NY Zip Code 10009  
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 **0.00**

Date of Receipt **04 / 09 / 2013**  
**Transaction ID : 3618829**  
Amount of Each Receipt this Period **25.00**  
Robin Kelly Earmarked Contributions

**B. Mr. Jim E. Clemans**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4977 Battery Lane 1-420  
City Bethesda State MD Zip Code 20814  
FEC ID number of contributing federal political committee. **C**  
Name of Employer not employed Occupation physicist  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **0.00**

Date of Receipt **04 / 04 / 2013**  
**Transaction ID : 3616914**  
Amount of Each Receipt this Period **10.00**  
Robin Kelly Earmarked Contributions

**C. Dr. James S Harris**  
Full Name (Last, First, Middle Initial)  
Mailing Address 763 Esplanada Way  
City Stanford State CA Zip Code 94305  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Stanford University Occupation Professor  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **0.00**

Date of Receipt **04 / 07 / 2013**  
**Transaction ID : 3617985**  
Amount of Each Receipt this Period **25.00**  
Robin Kelly Earmarked Contributions

**SUBTOTAL** of Receipts This Page (optional)..... **60.00**  
**TOTAL** This Period (last page this line number only).....



**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 457 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Nancy Kettle**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9588 Wilson Ave.  
City Alta Loma State CA Zip Code 91737  
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 **0.00**

Date of Receipt **04 / 01 / 2013**  
**Transaction ID : 3615149**  
Amount of Each Receipt this Period **20.00**  
Robin Kelly Earmarked Contributions

**B. Ms. Julia Reconnu**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10730 Cr 4038  
City Scurry State TX Zip Code 75158  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SRM Source Occupation office manager  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **0.00**

Date of Receipt **04 / 02 / 2013**  
**Transaction ID : 3615963**  
Amount of Each Receipt this Period **50.00**  
Robin Kelly Earmarked Contributions

**C. Prudence Skinner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2415 34th Ave  
City Sacramento State CA Zip Code 95822  
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 **0.00**

Date of Receipt **04 / 08 / 2013**  
**Transaction ID : 3618365**  
Amount of Each Receipt this Period **10.00**  
Robin Kelly Earmarked Contributions

**SUBTOTAL** of Receipts This Page (optional)..... **80.00**  
**TOTAL** This Period (last page this line number only).....

**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 458 OF 1350
	<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. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 382110  
 City State Zip Code  
 Cambridge MA 02238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 4527518**  
 Amount of Each Receipt this Period  
 387.00  
 Total Cntrbs through Conduit 4/1/13-4/30/13  
**[MEMO ITEM]**

**B. Carla Aamodt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3008 W 51st Street  
 City State Zip Code  
 Westwood KS 66205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 St Luke's physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3632659**  
 Amount of Each Receipt this Period  
 10.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**C. Brooke Adams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3301 Foxridge Rd.  
 City State Zip Code  
 Charlotte NC 28226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 None Retired  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3632395**  
 Amount of Each Receipt this Period  
 50.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 459 OF 1350
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Marlene Adams**

Mailing Address 7921 Holm Oak Lane

City Raleigh State NC Zip Code 27613

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632508**

Amount of Each Receipt this Period  
 25.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)  
**B. Mr. Herant Akmajian**

Mailing Address 3034 E 6th St  
Unit 58

City Tucson State AZ Zip Code 85716

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2013

**Transaction ID : 3624013**

Amount of Each Receipt this Period  
 50.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)  
**C. Amy Alexander**

Mailing Address 1717 Mott-Smith Dr.  
1005

City Honolulu State HI Zip Code 96822

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632329**

Amount of Each Receipt this Period  
 5.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 460 OF 1350
	<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. Barbara Anagnostelis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18 Teakwood Place  
 City The Woodlands State TX Zip Code 77384  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SPR Occupation Program Coordinator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3632657**  
 Amount of Each Receipt this Period  
 10.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**B. Steve Anderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 720 Roanoake Court  
 City Naperville State IL Zip Code 60565  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BP Occupation Chemist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3632260**  
 Amount of Each Receipt this Period  
 50.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**C. Ms. Patricia Anderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 220 Sherman St NW  
 City Olympia State WA Zip Code 98502  
 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 ▼ 0.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3632330**  
 Amount of Each Receipt this Period  
 75.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 461 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Susan B. Ardis**  
Full Name (Last, First, Middle Initial)

Mailing Address 8100 Bearcreek

City Austin State TX Zip Code 78737

FEC ID number of contributing federal political committee. **C**

Name of Employer university of texas Occupation librarian

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632691**

Amount of Each Receipt this Period  
 10.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B. Frank Armentani**  
Full Name (Last, First, Middle Initial)

Mailing Address 44 Quail Hollow Dr

City Sewell State NJ Zip Code 08080

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2013

**Transaction ID : 3618366**

Amount of Each Receipt this Period  
 25.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**C. William Atkins**  
Full Name (Last, First, Middle Initial)

Mailing Address 2112 Crossmeadow Lane

City Brookeville State MD Zip Code 20833

FEC ID number of contributing federal political committee. **C**

Name of Employer Health Management Consultants, LLC Occupation Behavioral Health Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632285**

Amount of Each Receipt this Period  
 50.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 462 OF 1350
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Ms. Jane Audrey-Neuhauser**  
Full Name (Last, First, Middle Initial)

Mailing Address 5 Oak Ridge Dr. #7

City Maynard State MA Zip Code 01754

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632509**

Amount of Each Receipt this Period  
 5.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B. Fred M. Bado**  
Full Name (Last, First, Middle Initial)

Mailing Address 1245 Garden St.

City Hoboken State NJ Zip Code 07030

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2013

**Transaction ID : 3618329**

Amount of Each Receipt this Period  
 50.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**C. Pat Baker**  
Full Name (Last, First, Middle Initial)

Mailing Address 205 W 9th St.

City Crooks State SD Zip Code 57020

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2013

**Transaction ID : 3618831**

Amount of Each Receipt this Period  
 25.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 463 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Mr. Gerald R. Bakker**  
Full Name (Last, First, Middle Initial)

Mailing Address 12785 Wilderness Trail

City Grand Haven State MI Zip Code 49417

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 ▼ 0.00

Date of Receipt  
04 / 30 / 2013  
Transaction ID : 3632510

Amount of Each Receipt this Period  
0.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B. Ms. Annette L. Bakstran**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 96

City Berlin State MA Zip Code 01503

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 ▼ 0.00

Date of Receipt  
04 / 24 / 2013  
Transaction ID : 3629550

Amount of Each Receipt this Period  
25.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**C. Ms. Jean Hinshaw Balgrosky Hinshaw**  
Full Name (Last, First, Middle Initial)

Mailing Address 400 West Ocean View Ave

City Del Mar State CA Zip Code 92014

FEC ID number of contributing federal political committee. **C**

Name of Employer UCLA Occupation Lecturer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
04 / 30 / 2013  
Transaction ID : 3632681

Amount of Each Receipt this Period  
25.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 464 OF 1350
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Marsha L Barton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6807 164TH PL SW  
 City Edmonds State WA Zip Code 98026  
 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 ▼ 0.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 13 / 2013  
**Transaction ID : 3621405**  
 Amount of Each Receipt this Period  
 50.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**B. Joan Baumgartner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5996 Wausaukee Rd  
 City West Bend State WI Zip Code 53095  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer real estate Occupation self employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3632444**  
 Amount of Each Receipt this Period  
 33.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**C. Ms. Barbara G. Beaver**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 198 Beacon Hill Rd  
 City Califon State NJ Zip Code 07830  
 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 ▼ 0.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 08 / 2013  
**Transaction ID : 3618348**  
 Amount of Each Receipt this Period  
 25.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶



**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 465 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Barbara G. Beaver**  
Full Name (Last, First, Middle Initial)  
Mailing Address 198 Beacon Hill Rd  
City Califon State NJ Zip Code 07830  
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 **0.00**

Date of Receipt **04 / 23 / 2013**  
**Transaction ID : 3628358**  
Amount of Each Receipt this Period **20.00**  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**B. Lisa Belsky**  
Full Name (Last, First, Middle Initial)  
Mailing Address 140 Cabrini Blvd. Apt. #111  
City New York State NY Zip Code 10033  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation community development  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **0.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632604**  
Amount of Each Receipt this Period **25.00**  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**C. Joan Benedetti**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1908 Meadow Court  
City Santa Fe State NM Zip Code 87505  
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 **0.00**

Date of Receipt **04 / 08 / 2013**  
**Transaction ID : 3618358**  
Amount of Each Receipt this Period **50.00**  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... **0.00**  
**TOTAL** This Period (last page this line number only).....

**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 466 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Dr. Jean R Berggren**  
Full Name (Last, First, Middle Initial)  
Mailing Address 308 South Winooski Ave #2

City Burlington	State VT	Zip Code 05401
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer State of New York	Occupation physician
---------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : 3632663**

Amount of Each Receipt this Period  

0.00
------

 Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B. Ms. Betty I. Bernstein**  
Full Name (Last, First, Middle Initial)  
Mailing Address 204 W Poplar Ave

City San Mateo	State CA	Zip Code 94402
-------------------	-------------	-------------------

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 ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	10	/	2013

**Transaction ID : 3620127**

Amount of Each Receipt this Period  

20.00
-------

 Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**C. Ms. Lieselotte N. Betterman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1506 W Willow Ln

City Mount Prospect	State IL	Zip Code 60056
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Educator
-----------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2013

**Transaction ID : 3627957**

Amount of Each Receipt this Period  

100.00
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 Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 467 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Joan Beverstock</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : 3632511</b>
Mailing Address 8243 E. Sierra Pinta Drive		Amount of Each Receipt this Period 0.00 Jeanne Shaheen Contributions
City Scottsdale	State AZ	Zip Code 85255
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO

Full Name (Last, First, Middle Initial) <b>B. Marjorie Bicking</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : 3632396</b>
Mailing Address 2407 Hamond Pl		Amount of Each Receipt this Period 10.00 Jeanne Shaheen Contributions
City Wilmington	State DE	Zip Code 19808
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO

Full Name (Last, First, Middle Initial) <b>C. Mr. James Blair</b>		Date of Receipt MM / DD / YYYY 04 / 08 / 2013 <b>Transaction ID : 3618337</b>
Mailing Address 610 Walnut		Amount of Each Receipt this Period 50.00 Jeanne Shaheen Contributions
City Burlington	State IA	Zip Code 52601
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 468 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Mr. James Blair**  
Full Name (Last, First, Middle Initial)

Mailing Address 610 Walnut

City Burlington State IA Zip Code 52601

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632512**

Amount of Each Receipt this Period  
 40.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B. Ms. Patricia J. Blankenhorn**  
Full Name (Last, First, Middle Initial)

Mailing Address 223 Lkeview Av

City Cambridge State MA Zip Code 02138

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation self

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2013

**Transaction ID : 3618374**

Amount of Each Receipt this Period  
 50.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**C. Robert Block**  
Full Name (Last, First, Middle Initial)

Mailing Address 34 McIntosh Ln

City Bennington State VT Zip Code 05201

FEC ID number of contributing federal political committee. **C**

Name of Employer Taconic Orthopaedics Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632670**

Amount of Each Receipt this Period  
 100.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 469 OF 1350
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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)  
**EMILY's List**

**A. Diane Blumson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1210 Henry Street  
City Ann Arbor State MI Zip Code 48104  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation social worker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632605**  
Amount of Each Receipt this Period 10.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**B. Dr. Anne M. Bobigian**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1230 Valley Dr.  
City Louisville State KY Zip Code 40213  
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 ▼ 0.00

Date of Receipt 04 / 08 / 2013  
**Transaction ID : 3618371**  
Amount of Each Receipt this Period 50.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**C. Janet Borchers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 17377 Surrey Ct.  
City Meadow Vista State CA Zip Code 95722  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation None  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632397**  
Amount of Each Receipt this Period 5.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 470 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Ms. Catherine Boyan**  
Full Name (Last, First, Middle Initial)

Mailing Address 4 s cove rd

City burlington State VT Zip Code 05401

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 ▼ 0.00

Date of Receipt  
04 / 08 / 2013  
Transaction ID : **3618356**

Amount of Each Receipt this Period  
50.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B. Ms. Martha A. Boyd**  
Full Name (Last, First, Middle Initial)

Mailing Address 2608 Fiset Drive

City Austin State TX Zip Code 78731

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 ▼ 0.00

Date of Receipt  
04 / 30 / 2013  
Transaction ID : **3632513**

Amount of Each Receipt this Period  
10.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**C. David Brewer**  
Full Name (Last, First, Middle Initial)

Mailing Address 923 N. Vassar

City Wichita State KS Zip Code 67208

FEC ID number of contributing federal political committee. **C**

Name of Employer KPTS-TV Occupation TV Program Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
04 / 30 / 2013  
Transaction ID : **3632297**

Amount of Each Receipt this Period  
20.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 471 OF 1350
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. Kay Briggs**  
Full Name (Last, First, Middle Initial)  
Mailing Address 149 Anna Lane  
City Berryville State VA Zip Code 22611  
FEC ID number of contributing federal political committee. **C**  
Name of Employer us geological survey Occupation wildlife scientist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632695**  
Amount of Each Receipt this Period 10.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**B. Rita Brooks**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7106 Lakewood Blvd.  
City Dallas State TX Zip Code 75214  
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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632398**  
Amount of Each Receipt this Period 10.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**C. Michael Brownlee**  
Full Name (Last, First, Middle Initial)  
Mailing Address 300 East 71st Street  
City New York State NY Zip Code 10021  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Albert Einstein College of Medicine Occupation Physician-Scientist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632246**  
Amount of Each Receipt this Period 50.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 472 OF 1350
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Anne Burling</b>		Date of Receipt
Mailing Address 18 Brown St		<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2013"/>
City	State	Zip Code
Cambridge	MA	02138
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>3619495</b>
None	Retired	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="0.00"/>	<input type="text" value="100.00"/>
<input type="checkbox"/> Other (specify) ▼		Jeanne Shaheen Contributions
		<b>[MEMO ITEM]</b> MEMO

Full Name (Last, First, Middle Initial) <b>B. Ms. Joan N. Burstyn</b>		Date of Receipt
Mailing Address 216 Bradford Pkwy		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Syracuse	NY	13224
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>3632668</b>
Syracuse University	professor emerita (i.e.retired)	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="0.00"/>	<input type="text" value="30.00"/>
<input type="checkbox"/> Other (specify) ▼		Jeanne Shaheen Contributions
		<b>[MEMO ITEM]</b> MEMO

Full Name (Last, First, Middle Initial) <b>C. James Buxton</b>		Date of Receipt
Mailing Address 25 Sandhill Road		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Orinda	CA	94563
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>3632262</b>
Buxton Consulting	President	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="0.00"/>	<input type="text" value="10.00"/>
<input type="checkbox"/> Other (specify) ▼		Jeanne Shaheen Contributions
		<b>[MEMO ITEM]</b> MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="0.00"/>



**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 473 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Rebecca Calvert**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 2019

City Ranchos De Taos	State NM	Zip Code 87557
-------------------------	-------------	-------------------

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 ▼ **0.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2013

**Transaction ID : 3632399**

Amount of Each Receipt this Period  

0.00
------

**Jeanne Shaheen Contributions**

**[MEMO ITEM]**  
MEMO

**B. Ms. Margaret Jean Cannon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 548b Beach Road

City Sarasota	State FL	Zip Code 34242
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer IBM	Occupation Consultant
-------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2013

**Transaction ID : 3632289**

Amount of Each Receipt this Period  

15.00
-------

**Jeanne Shaheen Contributions**

**[MEMO ITEM]**  
MEMO

**C. Susan Cappa**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5517 Ventnor Lane

City Springfield	State VA	Zip Code 22151
---------------------	-------------	-------------------

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 ▼ **0.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2013

**Transaction ID : 3632562**

Amount of Each Receipt this Period  

20.00
-------

**Jeanne Shaheen Contributions**

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 474 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Leonard Carrier**  
Full Name (Last, First, Middle Initial)  
Mailing Address 26 Stonebridge Drive  
City Asheville State NC Zip Code 28805  
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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632331**  
Amount of Each Receipt this Period 10.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**B. Mrs. Louise Britt Carvey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3601 Overton Park DR E  
City Fort Worth State TX Zip Code 76109  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation Housewife  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 15 / 2013  
**Transaction ID : 3623359**  
Amount of Each Receipt this Period 250.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**C. Mrs. Marie E. Cas**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3852 Ambassador Dr  
City Palm Harbor State FL Zip Code 34685  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation SMALL BUSINESS OWNER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 10 / 2013  
**Transaction ID : 3620129**  
Amount of Each Receipt this Period 50.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

# 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 475 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Linda Castle**  
Full Name (Last, First, Middle Initial)  
Mailing Address 18331 Roehampton Dr # 116  
City Dallas State TX Zip Code 75252  
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 **0.00**

Date of Receipt **04 / 10 / 2013**  
**Transaction ID : 3620126**  
Amount of Each Receipt this Period **5.00**  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**B. Elizabeth Cerny**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7728 Williams St.  
City Downers Grove State IL Zip Code 60516  
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 **0.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632332**  
Amount of Each Receipt this Period **5.00**  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**C. Luis Cerra**  
Full Name (Last, First, Middle Initial)  
Mailing Address 30 West 60 Street Apt1p  
City New York State NY Zip Code 10023  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Continuum Health Partners Occupation physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **0.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632265**  
Amount of Each Receipt this Period **20.00**  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... **0.00**  
**TOTAL** This Period (last page this line number only).....

**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 476 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Ms. Lois Chaffee**  
Full Name (Last, First, Middle Initial)  
Mailing Address 248 East 7th Street  
City New York State NY Zip Code 10009  
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 ▼ 0.00

Date of Receipt 04 / 09 / 2013  
**Transaction ID : 3618828**  
Amount of Each Receipt this Period 25.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**B. Anne Chalfant**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1908 Del Monte Court  
City Walnut Creek State CA Zip Code 94595  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation writer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632606**  
Amount of Each Receipt this Period 10.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**c. Christopher Chambers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 437 Irving St NW  
City Washington State DC Zip Code 20010  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Georgetown Occupation Professor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632279**  
Amount of Each Receipt this Period 10.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 477 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Mr. Donald Chambers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1400 Lilac Lane Apt. 101

City Lawrence	State KS	Zip Code 66044
------------------	-------------	-------------------

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 ▼  
0.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		08		2013

**Transaction ID : 3619498**

Amount of Each Receipt this Period  

0000	.	00
50.00		

 Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B. Ms. Fay M. Chandler**  
Full Name (Last, First, Middle Initial)  
Mailing Address 444 Western Avenue # 4

City Brighton	State MA	Zip Code 02135
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self	Occupation retired artist
--------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		30		2013

**Transaction ID : 3632607**

Amount of Each Receipt this Period  

0000	.	00
1000.00		

 Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**C. Ms. Holly H. Childs**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1126 Reed Valley Rd

City Fayetteville	State AR	Zip Code 72704
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer None (retired)	Occupation None (retired)
------------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		23		2013

**Transaction ID : 3628363**

Amount of Each Receipt this Period  

0000	.	00
30.00		

 Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 478 OF 1350 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Dr. David L. Chittenden**  
Full Name (Last, First, Middle Initial)

Mailing Address 14 Underhill Rd

City Mill Valley State CA Zip Code 94941

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation MD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : 3632608**

Amount of Each Receipt this Period  
250.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B. Ross L. Chomiak**  
Full Name (Last, First, Middle Initial)

Mailing Address 4000 Cathedral Ave NW

City Washington State DC Zip Code 20016

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 ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : 3632514**

Amount of Each Receipt this Period  
10.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**C. Ms. Jean Christensen**  
Full Name (Last, First, Middle Initial)

Mailing Address 1465 S 2nd St

City Louisville State KY Zip Code 40208

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 ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : 3632515**

Amount of Each Receipt this Period  
25.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 479 OF 1350
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Madra Christian**  
Full Name (Last, First, Middle Initial)

Mailing Address 295 Spring Lake Hills Dr

City Altamonte Springs	State FL	Zip Code 32714
---------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self	Occupation sales
--------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		30		2013

**Transaction ID : 3632609**

Amount of Each Receipt this Period  

0.00
------

 Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B. Ms. Christine Coffin**  
Full Name (Last, First, Middle Initial)

Mailing Address 265 Hilltop Drive

City Hamilton	State MT	Zip Code 59840
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation RN
-----------------------------	------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		30		2013

**Transaction ID : 3633640**

Amount of Each Receipt this Period  

50.00
-------

 Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**C. Naomi Cohen**  
Full Name (Last, First, Middle Initial)

Mailing Address POB 39

City Gap Mills	State WV	Zip Code 24941
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self employed	Occupation businesswoman
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		30		2013

**Transaction ID : 3632640**

Amount of Each Receipt this Period  

20.00
-------

 Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 480 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Mark Connolly**

Mailing Address 1721 LASALLE AVE

City Norfolk State VA Zip Code 23509

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2013

**Transaction ID : 3618353**

Amount of Each Receipt this Period  
 50.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)  
**B. David Coogan**

Mailing Address 2599 Dolly Bay Dr

City Palm Harbor State FL Zip Code 34684

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Healthcare

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632610**

Amount of Each Receipt this Period  
 20.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)  
**c. Ms. Kathy Coombs**

Mailing Address 4528 Intelco Loop SE, #160

City Lacey State WA Zip Code 98503

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2013

**Transaction ID : 3619512**

Amount of Each Receipt this Period  
 50.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶



**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 481 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**EMILY's List**

**A. Laura Cory**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1664 Emerson Street  
 City Palo Alto State CA Zip Code 94301  
 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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632351**  
 Amount of Each Receipt this Period 25.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**B. Ms. Ann Marcus Coulston**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1603 City Lights St.  
 City Santa Fe State NM Zip Code 87507  
 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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632400**  
 Amount of Each Receipt this Period 50.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**C. Bernard Couming**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32 Camelot Ct  
 City Stoughton State MA Zip Code 02072  
 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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632401**  
 Amount of Each Receipt this Period 5.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 482 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Mike Crossman**  
Full Name (Last, First, Middle Initial)

Mailing Address 205 Sunset  
Lot 106

City Sedona State AZ Zip Code 86336

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 ▼  
0.00

Date of Receipt  
04 / 30 / 2013  
**Transaction ID : 3632516**

Amount of Each Receipt this Period  
5.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B. Ms. Marilyn J. Crowley**  
Full Name (Last, First, Middle Initial)

Mailing Address 4719 E White Aster St.

City Phoenix State AZ Zip Code 85044

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
04 / 08 / 2013  
**Transaction ID : 3618360**

Amount of Each Receipt this Period  
50.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**C. Mr. Edwin M. Curley**  
Full Name (Last, First, Middle Initial)

Mailing Address 2645 Pin Oak Drive

City Ann Arbor State MI Zip Code 48103

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation author/lecturer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
04 / 30 / 2013  
**Transaction ID : 3632611**

Amount of Each Receipt this Period  
50.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 483 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Arlene Dalton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2112 February Ct  
City San Diego State CA Zip Code 92110  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation MFT  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **0.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632612**  
Amount of Each Receipt this Period **8.00**  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**B. Kathleen Dashiell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 27035 N, 56th St.  
City Scottsdale State AZ Zip Code 85266  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation attorney  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **0.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632613**  
Amount of Each Receipt this Period **5.00**  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**C. Ms. Annick B Davies**  
Full Name (Last, First, Middle Initial)  
Mailing Address 558 East Wesley Rd  
City Atlanta State GA Zip Code 30305  
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 **0.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632566**  
Amount of Each Receipt this Period **20.00**  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... **0.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 484 OF 1350
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Mr. Russell J. Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address 1432 Ballindee Dr

City Salisbury	State MD	Zip Code 21804
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self	Occupation legal writer
--------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : 3632614**

Amount of Each Receipt this Period  

25.00
-------

 Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B. Katie Day**  
Full Name (Last, First, Middle Initial)

Mailing Address 7318 Boyer St.

City Philadelphia	State PA	Zip Code 19119
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Lutheran Theological Seminary	Occupation Professor
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : 3632305**

Amount of Each Receipt this Period  

15.00
-------

 Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**C. Edgar Demeo**  
Full Name (Last, First, Middle Initial)

Mailing Address 2791 Emerson Street

City Palo Alto	State CA	Zip Code 94306
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Renewable Energy Consulting Svcs	Occupation consultant
--	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : 3632448**

Amount of Each Receipt this Period  

25.00
-------

 Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 485 OF 1350
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. Dorothy Dey**  
Full Name (Last, First, Middle Initial)

Mailing Address W330s3910 Connemara Drive

City Dousman State WI Zip Code 53118

FEC ID number of contributing federal political committee. **C**

Name of Employer Beck Chaet Bamberger & Polsky SC Occupation attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632258**

Amount of Each Receipt this Period  
 25.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B. David Dickmann**  
Full Name (Last, First, Middle Initial)

Mailing Address 1055 Lafayette Street

City Denver State CO Zip Code 80218

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632517**

Amount of Each Receipt this Period  
 15.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**C. Robert Doll**  
Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 1704

City Bellingham State WA Zip Code 98227

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632333**

Amount of Each Receipt this Period  
 11.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 486 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Ms. Julia A. Dominican**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3113 Florence Dr.  
City Latham State NY Zip Code 12110  
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 ▼ 0.00

Date of Receipt 04 / 22 / 2013  
**Transaction ID : 3627954**  
Amount of Each Receipt this Period 25.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**B. Ms. Janet Dorman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 300 West 108th Street, 6a 6a  
City New York State NY Zip Code 10025  
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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632518**  
Amount of Each Receipt this Period 20.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**c. Mardi D. Drebing**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4215 Cleveland Rd.  
City Syracuse State NY Zip Code 13215  
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 ▼ 0.00

Date of Receipt 04 / 16 / 2013  
**Transaction ID : 3623901**  
Amount of Each Receipt this Period 60.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 487 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Mr. Roger Duba**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2802 Las Gallinas Avenue  
City San Rafael State CA Zip Code 94903  
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 0.00

Date of Receipt 04 / 15 / 2013  
Transaction ID : 3623362  
Amount of Each Receipt this Period 25.00  
Jeanne Shaheen Contributions  
[MEMO ITEM]  
MEMO

**B. Cherry Duve**  
Full Name (Last, First, Middle Initial)  
Mailing Address 452 Thomas Lane  
City Grand Blanc State MI Zip Code 48439  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Teacher  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 0.00

Date of Receipt 04 / 28 / 2013  
Transaction ID : 3631362  
Amount of Each Receipt this Period 17.00  
Jeanne Shaheen Contributions  
[MEMO ITEM]  
MEMO

**C. Ms. Meg S. Dwyer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 171 Westview Meadows Rd., Apt. Apt 113  
City Montpelier State VT Zip Code 05602  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation Requested  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 0.00

Date of Receipt 04 / 09 / 2013  
Transaction ID : 3619537  
Amount of Each Receipt this Period 50.00  
Jeanne Shaheen Contributions  
[MEMO ITEM]  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... 0.00  
**TOTAL** This Period (last page this line number only).....

**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 488 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Sarah Eames**  
Full Name (Last, First, Middle Initial)

Mailing Address 325 Laurel Avenue

City San Anselmo State CA Zip Code 94960

FEC ID number of contributing federal political committee. **C**

Name of Employer Margaret J. Wheatley Inc. Occupation Personal Assistant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2013

**Transaction ID : 3620116**

Amount of Each Receipt this Period  
 15.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B. Dan Elder**  
Full Name (Last, First, Middle Initial)

Mailing Address 2614 Robinson St.

City Redondo Beach State CA Zip Code 90278

FEC ID number of contributing federal political committee. **C**

Name of Employer Novacoast Occupation Engineer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632436**

Amount of Each Receipt this Period  
 15.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**C. Elizabeth Eliades**  
Full Name (Last, First, Middle Initial)

Mailing Address 8 Kirk Terrace

City Wayne State NJ Zip Code 07470

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Unemployed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632402**

Amount of Each Receipt this Period  
 5.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 489 OF 1350
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Mr. Ralph W. Emerson**  
Full Name (Last, First, Middle Initial)

Mailing Address 150 Gibbons Way

City Athens State GA Zip Code 30605

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired RN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2013

**Transaction ID : 3618372**

Amount of Each Receipt this Period  
 20.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B. Ms. Dorothy Engelman**  
Full Name (Last, First, Middle Initial)

Mailing Address 875 Rio Virgin Dr

City St. George State UT Zip Code 84790

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632519**

Amount of Each Receipt this Period  
 10.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**C. Andrea English**  
Full Name (Last, First, Middle Initial)

Mailing Address 4724 Shade Tree Ln.

City Santa Rosa State CA Zip Code 95405

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632520**

Amount of Each Receipt this Period  
 25.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 490 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Karen Everhart**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4706 Cromwell Ct NW  
City Acworth State GA Zip Code 30102  
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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632521**  
Amount of Each Receipt this Period 10.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**B. Ms. Joyce Faber**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1220 Cypress Point Ln  
City Ventura State CA Zip Code 93003  
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 ▼ 0.00

Date of Receipt 04 / 12 / 2013  
**Transaction ID : 3621519**  
Amount of Each Receipt this Period 50.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**C. Lawrence Fallon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3810 Executive Ave  
City Alexandria State VA Zip Code 22305  
FEC ID number of contributing federal political committee. **C**  
Name of Employer APS Occupation ITC  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632250**  
Amount of Each Receipt this Period 10.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 491 OF 1350
	<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. Ms. Danielle A Feinberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 479 60th St  
 City Oakland State CA Zip Code 94609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 pixar animation studios director of photography  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 0.00

Date of Receipt  
 04 / 08 / 2013  
**Transaction ID : 3618336**  
 Amount of Each Receipt this Period  
 25.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**B. Ms. Carole Ferguson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 43 Hancock Street  
 City Lexington State MA Zip Code 02420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Reach Out and Read Pediatric Nurse Practitioner  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 0.00

Date of Receipt  
 04 / 30 / 2013  
**Transaction ID : 3632442**  
 Amount of Each Receipt this Period  
 20.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**C. Michael Feroah**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1234 Plaza Del Monte  
 City Santa Barbara State CA Zip Code 93101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 self employed software development  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 0.00

Date of Receipt  
 04 / 30 / 2013  
**Transaction ID : 3632641**  
 Amount of Each Receipt this Period  
 50.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 492 OF 1350
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Kathy Filatreau**  
Full Name (Last, First, Middle Initial)

Mailing Address 10832 Glencannon Drive

City Whittier State CA Zip Code 90606

FEC ID number of contributing federal political committee. **C**

Name of Employer Whittier College Occupation Instructional Technologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632703**

Amount of Each Receipt this Period  
 10.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B. Frank Filippi**  
Full Name (Last, First, Middle Initial)

Mailing Address 1048-59th Street Apt5

City Brooklyn State NY Zip Code 11219

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation unemployed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632403**

Amount of Each Receipt this Period  
 25.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**C. Ms. Catherine W Finn**  
Full Name (Last, First, Middle Initial)

Mailing Address 2761 James River Rd

City Howardsville State VA Zip Code 24562

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Writer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632615**

Amount of Each Receipt this Period  
 100.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 493 OF 1350
	<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. Dr. Jacqueline Fischer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15205 Watergate Rd  
 City Silver Spring State MD Zip Code 20905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Naval Research Laboratory Occupation astrophysicist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3632355**  
 Amount of Each Receipt this Period  
 25.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**B. Ms. Helen Ryan Fischer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2110 Eaglerock Dr.  
 City Houston State TX Zip Code 77080  
 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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2013  
**Transaction ID : 3631858**  
 Amount of Each Receipt this Period  
 100.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**C. Margaret Fishman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3562 Macomb St., NW  
 City Washington State DC Zip Code 20016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation ARTIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3632616**  
 Amount of Each Receipt this Period  
 25.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 494 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Jessica Fishman**  
Full Name (Last, First, Middle Initial)

Mailing Address 439 S. 44th St

City Phila State PA Zip Code 19104

FEC ID number of contributing federal political committee. **C**

Name of Employer U Penn Occupation scientist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
04 / 30 / 2013  
Transaction ID : 3632679

Amount of Each Receipt this Period  
50.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B. Douglas Fitzgerald**  
Full Name (Last, First, Middle Initial)

Mailing Address 2362 Ga Hwy 26 W

City Oglethorpe State GA Zip Code 31068

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation unemployed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
04 / 30 / 2013  
Transaction ID : 3632404

Amount of Each Receipt this Period  
5.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**C. Dr. Jan L Flora**  
Full Name (Last, First, Middle Initial)

Mailing Address 1902 George Allen Ave.

City Ames State IA Zip Code 50010

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa State University Occupation sociologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
04 / 30 / 2013  
Transaction ID : 3632292

Amount of Each Receipt this Period  
50.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 495 OF 1350
	<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. Robin Anne Floyd**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5003 Macarthur Court, NW  
 City Washington State DC Zip Code 20016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation communications consultant  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **0.00**

Date of Receipt **04 / 23 / 2013**  
**Transaction ID : 3628765**  
 Amount of Each Receipt this Period **500.00**  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**B. Ms. Helen Winkler Fosdick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5015 Blossom St.  
 City Houston State TX Zip Code 77007  
 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 **0.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632522**  
 Amount of Each Receipt this Period **6.00**  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**C. Anna Kay France**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27 Brantford Place  
 City Buffalo State NY Zip Code 14222  
 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 **0.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632405**  
 Amount of Each Receipt this Period **15.00**  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**SUBTOTAL** of Receipts This Page (optional)..... **0.00**  
**TOTAL** This Period (last page this line number only).....

**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 496 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Sandi Freinberg**  
Full Name (Last, First, Middle Initial)

Mailing Address 128 Greenmeadow Drive

City State Zip Code  
Deer Park NY 11729

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Henry Schein Inc. Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : 3632287**

Amount of Each Receipt this Period  
0.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B. Janet Frost**  
Full Name (Last, First, Middle Initial)

Mailing Address 136 W 24th Ave

City State Zip Code  
Spokane WA 99203

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Washington State University professor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
MM / DD / YYYY  
04 / 13 / 2013

**Transaction ID : 3621403**

Amount of Each Receipt this Period  
20.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**c. Ms. Inna Gadd**  
Full Name (Last, First, Middle Initial)

Mailing Address 305 E. 24 St. - 9A

City State Zip Code  
New York NY 10010

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Psychoanalyst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : 3632617**

Amount of Each Receipt this Period  
10.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 497 OF 1350
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. Ms. Judith T. Galloway**  
Full Name (Last, First, Middle Initial)

Mailing Address 15715 River Road

City Darnestown State MD Zip Code 20874

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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632523**

Amount of Each Receipt this Period 50.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B. Judith Gans**  
Full Name (Last, First, Middle Initial)

Mailing Address 3631 E Roger Rd

City Tucson State AZ Zip Code 85718

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Arizona Occupation Researcher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632689**

Amount of Each Receipt this Period 200.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**C. Grace Garcia**  
Full Name (Last, First, Middle Initial)

Mailing Address 4330 Bull Creek Rd. #3105

City Austin State TX Zip Code 78731

FEC ID number of contributing federal political committee. **C**

Name of Employer Annie's List Occupation Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632248**

Amount of Each Receipt this Period 50.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 498 OF 1350
	<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. Joi Gibson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4641 Perth Road  
 City West Palm Beach State FL Zip Code 33415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mierzwa & Associates, P.A. Occupation Legal Secretary  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3632309**  
 Amount of Each Receipt this Period  
 5.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**B. Mr. Robert Gibson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5009 Prestwick Dr.  
 City Fairfax State VA Zip Code 22030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer not employed Occupation not employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3632434**  
 Amount of Each Receipt this Period  
 50.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**C. Ms. Betty H. Giffin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3505 Lakeview Dr Apt. 209  
 City Hazel Crst State IL Zip Code 60429  
 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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2013  
**Transaction ID : 3619506**  
 Amount of Each Receipt this Period  
 20.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 499 OF 1350
<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. Kenneth Gladden**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1425 Broadway  
 Pmb41  
 City Seattle State WA Zip Code 98122  
 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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3632450**  
 Amount of Each Receipt this Period  
 100.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**B. Ms. Mildred L. Glimcher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 435 East 52nd Street  
 City New York State NY Zip Code 10022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Pace Gallery Occupation Art Historian  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2013  
**Transaction ID : 3618325**  
 Amount of Each Receipt this Period  
 50.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**C. Nancy Goldstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1312 N Leavitt #3  
 City Chicago State IL Zip Code 60622  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Compass(x) Strategy Occupation Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 20 / 2013  
**Transaction ID : 3626575**  
 Amount of Each Receipt this Period  
 12.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 500 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dale Goldstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Constable Lane  
 City Levittown State NY Zip Code 11756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NYS OCFS Occupation day care Licensor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3632438**  
 Amount of Each Receipt this Period  
 5.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**B. Ms. Anne Goldstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Po Box 920  
 City Belchertown State MA Zip Code 01007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WNE University Occupation professor of law  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2013  
**Transaction ID : 3631211**  
 Amount of Each Receipt this Period  
 50.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**C. William Gorman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5555 Sheridan Rd  
 City Chicago State IL Zip Code 60640  
 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 ▼ 0.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3632524**  
 Amount of Each Receipt this Period  
 10.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 501 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Joan Gotti**  
Full Name (Last, First, Middle Initial)

Mailing Address 17 Robin Road

City Rumson State NJ Zip Code 07760

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation none

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632406**

Amount of Each Receipt this Period  
 15.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B. Patricia H. Gotway**  
Full Name (Last, First, Middle Initial)

Mailing Address 5225 N New Jersey St

City Indianapolis State IN Zip Code 46220

FEC ID number of contributing federal political committee. **C**

Name of Employer MTCA Occupation accountant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632311**

Amount of Each Receipt this Period  
 8.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**c. Ms. Sharon Lee Grant**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 Columbia Point Drive, #H-131

City Richland State WA Zip Code 99352

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2013

**Transaction ID : 3620108**

Amount of Each Receipt this Period  
 100.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 502 OF 1350
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Ms. Katherine Gray**  
Full Name (Last, First, Middle Initial)

Mailing Address 8525 Burgundy Rd.

City Richmond	State VA	Zip Code 23235
------------------	-------------	-------------------

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 ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2013

**Transaction ID : 3631841**

Amount of Each Receipt this Period  

50.00
-------

 Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B. Mr. George Grunwald**  
Full Name (Last, First, Middle Initial)

Mailing Address 1196 Grove Circle

City Benicia	State CA	Zip Code 94510
-----------------	-------------	-------------------

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 ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : 3632407**

Amount of Each Receipt this Period  

16.00
-------

 Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**C. Mr. Rolf Gunnar**  
Full Name (Last, First, Middle Initial)

Mailing Address 737 Godair Circle  
Ruth Lake Woods

City Hinsdale	State IL	Zip Code 60521
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Physician - retired
--------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	10	/	2013

**Transaction ID : 3620115**

Amount of Each Receipt this Period  

50.00
-------

 Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 503 OF 1350
	(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**

Full Name (Last, First, Middle Initial) <b>A. Ms. Barbara Gurtler</b>		Date of Receipt MM / DD / YYYY 04 / 15 / 2013
Mailing Address 6723 N Wilshire Ct.		<b>Transaction ID : 3623364</b>
City Peoria	State IL	Zip Code 61614
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer None	Occupation None	Jeanne Shaheen Contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO

Full Name (Last, First, Middle Initial) <b>B. Mary Haak</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013
Mailing Address 9903 E. Sunburst Drive		<b>Transaction ID : 3632408</b>
City Sun Lakes	State AZ	Zip Code 85248
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer None	Occupation Retired	Jeanne Shaheen Contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO

Full Name (Last, First, Middle Initial) <b>C. Ms. Karen R. Halderson</b>		Date of Receipt MM / DD / YYYY 04 / 08 / 2013
Mailing Address 3301 Monroe Street, NE		<b>Transaction ID : 3618355</b>
City Albuquerque	State NM	Zip Code 87110
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer New Mexico State University	Occupation Dietitian	Jeanne Shaheen Contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 504 OF 1350
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Ms. Alice Wick Hall**  
Full Name (Last, First, Middle Initial)  
Mailing Address 273 Upland RD  
City Cambridge State MA Zip Code 02140  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Wekesley College Occupation Librarian  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 09 / 2013  
**Transaction ID : 3619538**  
Amount of Each Receipt this Period 250.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**B. Francy Hall**  
Full Name (Last, First, Middle Initial)  
Mailing Address 557 Ridge Rd.  
City Owatonna State MN Zip Code 55060  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation unemployed  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632618**  
Amount of Each Receipt this Period 15.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**C. Lesley Hallick**  
Full Name (Last, First, Middle Initial)  
Mailing Address 52142 Lake Dr.  
City Scappoose State OR Zip Code 97056  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific University Occupation University Administrator  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632440**  
Amount of Each Receipt this Period 100.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶



**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 505 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Paul Hamburg**  
Full Name (Last, First, Middle Initial)

Mailing Address 90 Risley Road

City Chestnut Hill State MA Zip Code 02467

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation professional translator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
Transaction ID : 3632619

Amount of Each Receipt this Period 5.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B. Patricia Hanan**  
Full Name (Last, First, Middle Initial)

Mailing Address 19 Benjamin Hill Rd

City Newfield State NY Zip Code 14867

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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
Transaction ID : 3632525

Amount of Each Receipt this Period 5.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**C. Frederick Handrich**  
Full Name (Last, First, Middle Initial)

Mailing Address 14 Puesta Del Sol

City Placitas State NM Zip Code 87043

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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
Transaction ID : 3632526

Amount of Each Receipt this Period 5.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 506 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**EMILY's List**

**A. Ms. Martha J. Hanner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18 Alyssum DR  
 City Amherst State MA Zip Code 01002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cal Tech Occupation Scientist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 15 / 2013  
**Transaction ID : 3623363**  
 Amount of Each Receipt this Period 100.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**B. Ms. Linda K Hanson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1400 W. North St.  
 City Muncie State IN Zip Code 47303  
 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 ▼ 0.00

Date of Receipt 04 / 08 / 2013  
**Transaction ID : 3618350**  
 Amount of Each Receipt this Period 25.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**C. Ms. Susan A. Harvey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 43 Sudbury Rd  
 City Ashland State MA Zip Code 01721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Boston University Occupation Non-profit Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 21 / 2013  
**Transaction ID : 3626668**  
 Amount of Each Receipt this Period 50.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 507 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Laura Haule**  
Full Name (Last, First, Middle Initial)  
Mailing Address 30702 McCormick Ln  
City Warrenville State IL Zip Code 60555  
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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632409**  
Amount of Each Receipt this Period 25.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**B. Ms. Nancy M. Hay**  
Full Name (Last, First, Middle Initial)  
Mailing Address 341 Harbor View Avenue  
City Pismo Beach State CA Zip Code 93449  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation PSYCHOLOGIST  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632706**  
Amount of Each Receipt this Period 25.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**C. Ms. Nancy M. Hay**  
Full Name (Last, First, Middle Initial)  
Mailing Address 341 Harbor View Avenue  
City Pismo Beach State CA Zip Code 93449  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation PSYCHOLOGIST  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632707**  
Amount of Each Receipt this Period 25.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 508 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Ms. Andrea Hazlitt**  
Full Name (Last, First, Middle Initial)

Mailing Address 110 Wedgewood

City Lake Jackson State TX Zip Code 77566

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632527**

Amount of Each Receipt this Period  
 30.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B. Ms. Lindsey G. Hedrick**  
Full Name (Last, First, Middle Initial)

Mailing Address 150 OceanGreens Lane

City Caswell Beach State NC Zip Code 28465

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2013

**Transaction ID : 3626664**

Amount of Each Receipt this Period  
 50.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**C. Anna Helisek**  
Full Name (Last, First, Middle Initial)

Mailing Address 20 Devon Blvd.

City Binghamton State NY Zip Code 13903

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 11 / 2013

**Transaction ID : 3620232**

Amount of Each Receipt this Period  
 50.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 509 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
**EMILY's List**

**A. Bill Helwig**  
Full Name (Last, First, Middle Initial)

Mailing Address 10801 Lagrima De Oro Rd NE  
Apt 876

City Albuquerque State NM Zip Code 87111

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 ▼ 0.00

Date of Receipt  
04 / 30 / 2013  
Transaction ID : 3632528

Amount of Each Receipt this Period  
50.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B. William Henderson**  
Full Name (Last, First, Middle Initial)

Mailing Address 2908 Green Grove Ln NE

City Tuscaloosa State AL Zip Code 35404

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 ▼ 0.00

Date of Receipt  
04 / 30 / 2013  
Transaction ID : 3632529

Amount of Each Receipt this Period  
10.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**C. Ms. Ann Chase Hendrie**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 Warren's Point Rd.

City Little Compton State RI Zip Code 02837

FEC ID number of contributing federal political committee. **C**

Name of Employer Foundry Bookstore Occupation bookseller

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
04 / 30 / 2013  
Transaction ID : 3632273

Amount of Each Receipt this Period  
50.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 510 OF 1350
	<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. Ms. Linda Henzl**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3919 Winnemac Ave  
 City Madison State WI Zip Code 53711  
 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 **0.00**

Date of Receipt **04 / 09 / 2013**  
**Transaction ID : 3618824**  
 Amount of Each Receipt this Period **50.00**  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**B. Peter Heymann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 280 Maiden Lane E  
 City Seattle State WA Zip Code 98112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer father, volunteer, consultant Occupation na  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **0.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632271**  
 Amount of Each Receipt this Period **20.00**  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**C. Ms. Heidi M Hida**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2109 N 73 St  
 City Wauwatosa State WI Zip Code 53213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation attorney  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **0.00**

Date of Receipt **04 / 08 / 2013**  
**Transaction ID : 3618330**  
 Amount of Each Receipt this Period **25.00**  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**SUBTOTAL** of Receipts This Page (optional)..... **0.00**  
**TOTAL** This Period (last page this line number only).....

**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 511 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**EMILY's List**

**A. Ms. Debbie L. Hill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 176 West King St.  
 City Hillsborough State NC Zip Code 27278  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation psychotherapist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **0.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632620**  
 Amount of Each Receipt this Period **100.00**  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**B. Stanley Hills**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5001 SW 65 Ave  
 City Miami State FL Zip Code 33155  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Miami-Dade County Occupation Firefighter  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **0.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632307**  
 Amount of Each Receipt this Period **20.00**  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**C. Mrs. Maria Hobbs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 Mount Tenaya DR  
 City San Rafael State CA Zip Code 94903  
 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 **0.00**

Date of Receipt **04 / 19 / 2013**  
**Transaction ID : 3625708**  
 Amount of Each Receipt this Period **30.00**  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**SUBTOTAL** of Receipts This Page (optional)..... **0.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 512 OF 1350
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Leslie Horst**  
Full Name (Last, First, Middle Initial)  
Mailing Address 41 Hall Avenue  
City Watertown State MA Zip Code 02472  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation consultant  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
Transaction ID : 3632648  
Amount of Each Receipt this Period 5.00  
Jeanne Shaheen Contributions  
[MEMO ITEM]  
MEMO

**B. Ms. Dana L. Howell**  
Full Name (Last, First, Middle Initial)  
Mailing Address Box 1003  
City Ketchum State ID Zip Code 83340  
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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
Transaction ID : 3632530  
Amount of Each Receipt this Period 25.00  
Jeanne Shaheen Contributions  
[MEMO ITEM]  
MEMO

**C. Ms. Marian L Hull**  
Full Name (Last, First, Middle Initial)  
Mailing Address 529 Brent Road  
City Rockville State MD Zip Code 20850  
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 ▼ 0.00

Date of Receipt 04 / 09 / 2013  
Transaction ID : 3618830  
Amount of Each Receipt this Period 25.00  
Jeanne Shaheen Contributions  
[MEMO ITEM]  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶



**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 513 OF 1350
<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. Mr. Thomas W. Hungerford**  
Full Name (Last, First, Middle Initial)

Mailing Address 946 Chesterfield Villas Cir

City Chesterfield	State MO	Zip Code 63017
----------------------	-------------	-------------------

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 ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2013

**Transaction ID : 3619539**

Amount of Each Receipt this Period  

100.00
--------

 Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B. Ms. Betty Cochran Hunt**  
Full Name (Last, First, Middle Initial)

Mailing Address 117 Shadylane Court

City Roseville	State CA	Zip Code 95747
-------------------	-------------	-------------------

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 ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2013

**Transaction ID : 3628361**

Amount of Each Receipt this Period  

35.00
-------

 Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**C. Ms. Sue Idleman**  
Full Name (Last, First, Middle Initial)

Mailing Address 35 Winding Way

City Madison	State NJ	Zip Code 07940
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer none	Occupation homemaker
--------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2013

**Transaction ID : 3632410**

Amount of Each Receipt this Period  

100.00
--------

 Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 514 OF 1350
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Amy Isseroff**  
Full Name (Last, First, Middle Initial)

Mailing Address 15 Lewis Rd

City Irvington State NY Zip Code 10533

FEC ID number of contributing federal political committee. **C**

Name of Employer wachtell, lipton, rosen & katz Occupation attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2013

**Transaction ID : 3618328**

Amount of Each Receipt this Period  
 100.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B. Amy Isseroff**  
Full Name (Last, First, Middle Initial)

Mailing Address 15 Lewis Rd

City Irvington State NY Zip Code 10533

FEC ID number of contributing federal political committee. **C**

Name of Employer wachtell, lipton, rosen & katz Occupation attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632699**

Amount of Each Receipt this Period  
 50.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**C. Deanna Jancsek**  
Full Name (Last, First, Middle Initial)

Mailing Address 1645 Kearney Drive

City North Brunswick State NJ Zip Code 08902

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632531**

Amount of Each Receipt this Period  
 10.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 515 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Ms. Anita Jensen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8526 Alexis DR  
City State Zip Code  
Macedonia OH 44056  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
None Retired  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013  
**Transaction ID : 3632411**  
Amount of Each Receipt this Period  
0.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**B. Mr. Robert Johnson**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 2497  
City State Zip Code  
charlottesville VA 22902  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
u of virginia professor  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013  
**Transaction ID : 3632677**  
Amount of Each Receipt this Period  
25.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**C. Ms. Joan S. Johnson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4109 Pecunnie Way  
City State Zip Code  
Louisville KY 40218  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
None Retired  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 26 / 2013  
**Transaction ID : 3631842**  
Amount of Each Receipt this Period  
25.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 516 OF 1350
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Ms. Susan C. Jones**  
Full Name (Last, First, Middle Initial)  
Mailing Address 360 Edgemere Place

City Oberlin	State OH	Zip Code 44074
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self	Occupation artist
--------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : 3632621**

Amount of Each Receipt this Period  

0.00
------

 Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B. Ms. Nancy Jones**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 996

City Bradford	State VT	Zip Code 05033
------------------	-------------	-------------------

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 ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	08	/	2013

**Transaction ID : 3619507**

Amount of Each Receipt this Period  

25.00
-------

 Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**C. Paul Joy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5108 Syracuse Rd.

City Cheyenne	State WY	Zip Code 82009
------------------	-------------	-------------------

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 ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : 3632412**

Amount of Each Receipt this Period  

15.00
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 Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 517 OF 1350 (check only one)
<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Judith Joyce</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013
Mailing Address 146 1/2 Garden St		<b>Transaction ID : 3632622</b>
City Prescott	State AZ	Zip Code 86305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer Self	Occupation Life/Business Coach	Jeanne Shaheen Contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO

Full Name (Last, First, Middle Initial) <b>B. Mr. Steven Jung</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013
Mailing Address 91 Coastline Drive Apt 105		<b>Transaction ID : 3632532</b>
City Olga	State WA	Zip Code 98279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer None	Occupation Retired	Jeanne Shaheen Contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO

Full Name (Last, First, Middle Initial) <b>C. Mr. Jeannette D. Kahlenberg</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013
Mailing Address 900 University St Apt 903		<b>Transaction ID : 3632533</b>
City Seattle	State WA	Zip Code 98101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer None	Occupation Retired	Jeanne Shaheen Contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

**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 518 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**EMILY's List**

**A. Ms. Joyce Ellen Kaiser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 Grove Isle Dr Apt 1809  
 City Coconut Grove State FL Zip Code 33133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation ARTIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 29 / 2013  
**Transaction ID : 3633627**  
 Amount of Each Receipt this Period  
 20.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**B. Daniel Kasper**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 111  
 City West Stockbridge State MA Zip Code 01266  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self employed Occupation Economic consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3632642**  
 Amount of Each Receipt this Period  
 50.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**C. Dreama Kattenbraker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 126  
 City Fincastle State VA Zip Code 24090  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation artist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3632649**  
 Amount of Each Receipt this Period  
 20.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 519 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Mrs. Laurie Katz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 22 Oakland Ave  
City Needham State MA Zip Code 02492  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Weston, MA, Public Schools Occupation Teacher  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 08 / 2013  
**Transaction ID : 3618377**  
Amount of Each Receipt this Period 25.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**B. Ms. Cecily Keating**  
Full Name (Last, First, Middle Initial)  
Mailing Address 150 West 79th Street, Apt. 8D  
City New York State NY Zip Code 10024  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Consultant  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632623**  
Amount of Each Receipt this Period 75.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**C. Ms. Marilyn Breen Kelley**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2608 Butler Drive  
City Norman State OK Zip Code 73069  
FEC ID number of contributing federal political committee. **C**  
Name of Employer University of Oklahoma Occupation PROFESSOR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 26 / 2013  
**Transaction ID : 3631843**  
Amount of Each Receipt this Period 15.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 520 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Ms. Rosemary Kemper**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 Michael Rd.

City Framingham State MA Zip Code 01701

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2013

**Transaction ID : 3620111**

Amount of Each Receipt this Period  
 50.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B. Ms. Amy Kesselman**  
Full Name (Last, First, Middle Initial)

Mailing Address 107 Nash Street

City New Haven State CT Zip Code 06511

FEC ID number of contributing federal political committee. **C**

Name of Employer SUNY New Paltz Occupation Retired Professor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2013

**Transaction ID : 3619492**

Amount of Each Receipt this Period  
 25.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**C. Ms. Lesley T. Ketzel**  
Full Name (Last, First, Middle Initial)

Mailing Address 4407 Quail Pointe RD

City Lawrence State KS Zip Code 66047

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 22 / 2013

**Transaction ID : 3627956**

Amount of Each Receipt this Period  
 50.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶



**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 521 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Arif Khan**  
Full Name (Last, First, Middle Initial)

Mailing Address 5115 North Sheridan Road

City Chicago State IL Zip Code 60640

FEC ID number of contributing federal political committee. **C**

Name of Employer Khan@Associates Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632295**

Amount of Each Receipt this Period 5.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B. Ms. Charlotte L. Kiffer**  
Full Name (Last, First, Middle Initial)

Mailing Address 1420 N Mweridian Rd #106

City Tallahassee State FL Zip Code 32303

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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632534**

Amount of Each Receipt this Period 7.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**C. Edward Killian**  
Full Name (Last, First, Middle Initial)

Mailing Address 1051 S. Park Rd.

City Hollywood State FL Zip Code 33021

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 ▼ 0.00

Date of Receipt 04 / 12 / 2013  
**Transaction ID : 3620854**

Amount of Each Receipt this Period 100.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 522 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Ms. Virginia L. King**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1281 Bel Air Dr  
 City Santa Barbara State CA Zip Code 93105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 REQUESTED Requested  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2013  
**Transaction ID : 3624016**  
 Amount of Each Receipt this Period  
 50.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**B. Sandra Ksir**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2068 N. 17th St  
 City Laramie State WY Zip Code 82072  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 None Retired  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 13 / 2013  
**Transaction ID : 3621401**  
 Amount of Each Receipt this Period  
 100.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**C. Ms. Sandra Kunz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 89 Hollingsworth Avenue  
 City Braintree State MA Zip Code 02184  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 None Retired  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2013  
**Transaction ID : 3618373**  
 Amount of Each Receipt this Period  
 50.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 523 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Verla R. Kwiram**  
Full Name (Last, First, Middle Initial)

Mailing Address 825 NW 197th St

City Shoreline	State WA	Zip Code 98177
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Business
--------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		30		2013

**Transaction ID : 3632624**

Amount of Each Receipt this Period  

50.00
-------

 Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B. Ms. Ann Evans Larimore**  
Full Name (Last, First, Middle Initial)

Mailing Address 916 Olivia Ave

City Ann Arbor	State MI	Zip Code 48104
-------------------	-------------	-------------------

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 ▼  
0.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		12		2013

**Transaction ID : 3621522**

Amount of Each Receipt this Period  

1000.00
---------

 Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**C. Ms. Sue S. Larsen**  
Full Name (Last, First, Middle Initial)

Mailing Address 194 Edgewood DR

City Averill Park	State NY	Zip Code 12018
----------------------	-------------	-------------------

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 ▼  
0.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		08		2013

**Transaction ID : 3619509**

Amount of Each Receipt this Period  

50.00
-------

 Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 524 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Mrs. Marjorie R Larson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12310 30th Ave N  
 City Plymouth State MN Zip Code 55441  
 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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2013  
**Transaction ID : 3618359**  
 Amount of Each Receipt this Period  
 50.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**B. Mr. Warren LeGarie**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1108 Masonic Avenue  
 City San Francisco State CA Zip Code 94117  
 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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2013  
**Transaction ID : 3634423**  
 Amount of Each Receipt this Period  
 250.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**C. Lannon Leiman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Twain Ave.  
 City Berkeley State CA Zip Code 94708  
 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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3632334**  
 Amount of Each Receipt this Period  
 10.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 525 OF 1350
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Ms. Barbara A. Leitner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7126 W Adler St  
 City Milwaukee State WI Zip Code 53214  
 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 0.00

Date of Receipt 04 / 19 / 2013  
**Transaction ID : 3625707**  
 Amount of Each Receipt this Period 20.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**B. David Lilienthal**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1796 Main Street  
 City East Dennis State MA Zip Code 02641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation writer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632625**  
 Amount of Each Receipt this Period 25.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**C. Mr. Gregory Lines**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 171 West St  
 City Saint Helens State OR Zip Code 97051  
 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 0.00

Date of Receipt 04 / 29 / 2013  
**Transaction ID : 3633628**  
 Amount of Each Receipt this Period 100.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**SUBTOTAL** of Receipts This Page (optional)..... 0.00  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 526 OF 1350
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Melissa E. Little</b>		Date of Receipt
Mailing Address 6300 Creedmoor Rd., Ste 170, #		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City Raleigh	State NC	Zip Code 27612
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 3632267</b>
Name of Employer Credit Risk Management, LLC		Amount of Each Receipt this Period
Occupation Attorney/Consultant		<input type="text" value="33.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Jeanne Shaheen Contributions
Aggregate Year-to-Date ▼ <input type="text" value="0.00"/>		<b>[MEMO ITEM]</b> MEMO

Full Name (Last, First, Middle Initial) <b>B. Ms. Louise Litwack</b>		Date of Receipt
Mailing Address 8547 Olde Mill Circle West Dr		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City Indianapolis	State IN	Zip Code 46260
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 3631853</b>
Name of Employer REQUESTED		Amount of Each Receipt this Period
Occupation REQUESTED		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Jeanne Shaheen Contributions
Aggregate Year-to-Date ▼ <input type="text" value="0.00"/>		<b>[MEMO ITEM]</b> MEMO

Full Name (Last, First, Middle Initial) <b>C. Ms. Louise Litwack</b>		Date of Receipt
Mailing Address 8547 Olde Mill Circle West Dr		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City Indianapolis	State IN	Zip Code 46260
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 3631854</b>
Name of Employer REQUESTED		Amount of Each Receipt this Period
Occupation REQUESTED		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Jeanne Shaheen Contributions
Aggregate Year-to-Date ▼ <input type="text" value="0.00"/>		<b>[MEMO ITEM]</b> MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="0.00"/>

**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 527 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Ms. Ann C. Livingston**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 Lake St. Apt 301  
 Apt 301  
 City Burlington State VT Zip Code 05401  
 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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2013  
**Transaction ID : 3618825**  
 Amount of Each Receipt this Period  
 50.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**B. Mr. Jakob R. Loewenberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4336 N Sheffield  
 City Shorewood State WI Zip Code 53211  
 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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 14 / 2013  
**Transaction ID : 3621512**  
 Amount of Each Receipt this Period  
 20.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**C. Celeste Loft**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 258 New York Avenue  
 City Brooklyn State NY Zip Code 11216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Freelance Occupation Stay at home mom/Makeup artist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3632276**  
 Amount of Each Receipt this Period  
 10.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 528 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Mr. John Lorand**  
Full Name (Last, First, Middle Initial)

Mailing Address 1351 Tomah Dr

City Mount Pleasant State MI Zip Code 48858

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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632535**

Amount of Each Receipt this Period 10.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B. Ms. Charlene Lowery**  
Full Name (Last, First, Middle Initial)

Mailing Address 20 Sargent Place

City Manhasset State NY Zip Code 11030

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 ▼ 0.00

Date of Receipt 04 / 10 / 2013  
**Transaction ID : 3620117**

Amount of Each Receipt this Period 50.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**C. Paula Lynch**  
Full Name (Last, First, Middle Initial)

Mailing Address 20 Newell Road

City Cranston State RI Zip Code 02910

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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632536**

Amount of Each Receipt this Period 25.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶



**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 529 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Ms. Fran Lyons**  
Full Name (Last, First, Middle Initial)  
Mailing Address 17044 Embassy Drive  
City Encino State CA Zip Code 91316  
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 ▼ 0.00

Date of Receipt 04 / 17 / 2013  
**Transaction ID : 3624017**  
Amount of Each Receipt this Period 50.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**B. Ms. Jane H. Maddock**  
Full Name (Last, First, Middle Initial)  
Mailing Address P,O, Box 1386  
City Dillon State MT Zip Code 59725  
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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632431**  
Amount of Each Receipt this Period 5.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**C. Allen Magruder**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10636 Arundel Avenue  
City Las Vegas State NV Zip Code 89135  
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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632537**  
Amount of Each Receipt this Period 5.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 530 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Ms. Rose Marie Manak**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1316 W Fargo Ave  
City Chicago State IL Zip Code 60626  
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 ▼ 0.00

Date of Receipt 04 / 10 / 2013  
**Transaction ID : 3620106**  
Amount of Each Receipt this Period 25.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**B. Ms. Doris Manock**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1045 E. Swift Avenue  
City Fresno State CA Zip Code 93704  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Fresno City College Occupation ACADEMIC COUNSELOR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 09 / 2013  
**Transaction ID : 3619541**  
Amount of Each Receipt this Period 100.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**C. Mrs. Eleonora E. Marovitz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1155 Norwood St  
City Kent State OH Zip Code 44240  
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 ▼ 0.00

Date of Receipt 04 / 08 / 2013  
**Transaction ID : 3618357**  
Amount of Each Receipt this Period 35.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 531 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Vicki Marshall**  
Full Name (Last, First, Middle Initial)  
Mailing Address 135 W Hines Hill Rd  
City Hudson State OH Zip Code 44236  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Lpl financial Occupation Inv advisor  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632303**  
Amount of Each Receipt this Period 33.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**B. Linda Martens**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1034 Belleforte  
City Oak Park State IL Zip Code 60302  
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 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632538**  
Amount of Each Receipt this Period 25.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**C. Cynthia McCabe**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1715 11th St  
City Los Osos State CA Zip Code 93402  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation massage therapist/yoga teacher  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632626**  
Amount of Each Receipt this Period 10.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... **0.00**  
**TOTAL** This Period (last page this line number only).....

**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 532 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Donna McCaffrey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14751 Timberlake Court  
City Spring Lake State MI Zip Code 49456  
FEC ID number of contributing federal political committee. **C**  
Name of Employer none Occupation none  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632413**  
Amount of Each Receipt this Period 25.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**B. Dr. Judith S. McCleary**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2680 Natoma Street  
City Miami State FL Zip Code 33133  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Psychologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 15 / 2013  
**Transaction ID : 3623361**  
Amount of Each Receipt this Period 100.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**C. Pamela McCoy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2626 Sunset Hills  
City Escondido State CA Zip Code 92025  
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 ▼ 0.00

Date of Receipt 04 / 09 / 2013  
**Transaction ID : 3618826**  
Amount of Each Receipt this Period 50.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 533 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Robert McCullough**  
Full Name (Last, First, Middle Initial)

Mailing Address 781 South High Street

City State Zip Code  
Denver CO 80209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 3632539**

Amount of Each Receipt this Period  
15.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B. Anthea McGoldrick**  
Full Name (Last, First, Middle Initial)

Mailing Address 240 4th Avenue

City State Zip Code  
San Francisco CA 94118

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 3632540**

Amount of Each Receipt this Period  
25.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**c. Ms. Jane Tucker McHugh**  
Full Name (Last, First, Middle Initial)

Mailing Address 3580 Shaw Ave Apt 230

City State Zip Code  
Cincinnati OH 45208

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
REQUESTED Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 19 / 2013

**Transaction ID : 3625706**

Amount of Each Receipt this Period  
100.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 534 OF 1350
	<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. Alain Mei**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2904 Kauhale St.  
 City Kihei State HI Zip Code 96753  
 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 ▼ 0.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3632335**  
 Amount of Each Receipt this Period  
 15.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**B. Ms. Carol Mendenhall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6703 E Sugarloaf St  
 City Mesa State AZ Zip Code 85215  
 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 ▼ 0.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 09 / 2013  
**Transaction ID : 3619540**  
 Amount of Each Receipt this Period  
 50.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**C. Suzanne Mendez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 526 Pettis Ave  
 City Mountain View State CA Zip Code 94041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Santa Clara County Occupation pediatrician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3632571**  
 Amount of Each Receipt this Period  
 5.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 535 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Hugh Merriman**  
Full Name (Last, First, Middle Initial)

Mailing Address 10931 N.E. South Beach Drive

City Bainbridge Island State WA Zip Code 98110

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
Transaction ID : 3632541

Amount of Each Receipt this Period 33.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B. Kathryn Mesner**  
Full Name (Last, First, Middle Initial)

Mailing Address 2524 28th Street

City Central City State NE Zip Code 68826

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
Transaction ID : 3632627

Amount of Each Receipt this Period 50.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**C. Jim Metropoulos**  
Full Name (Last, First, Middle Initial)

Mailing Address 14 Haytown Road

City Lebanon State NJ Zip Code 08833

FEC ID number of contributing federal political committee. **C**

Name of Employer Rearden Health Partners Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
Transaction ID : 3632446

Amount of Each Receipt this Period 100.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 536 OF 1350
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Mr. Donald Meyer**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 9911

City Santa Fe	State NM	Zip Code 87504
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self	Occupation consultant
--------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		08		2013

**Transaction ID : 3618334**

Amount of Each Receipt this Period  

15.00
-------

 Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B. Frances Milberg**  
Full Name (Last, First, Middle Initial)

Mailing Address 150 E 56th Sr

City Ny	State NY	Zip Code 10022
------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Lawyer
-------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2013

**Transaction ID : 3632336**

Amount of Each Receipt this Period  

16.00
-------

 Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**C. Mrs. Sally H. Mitchell**  
Full Name (Last, First, Middle Initial)

Mailing Address 1400 New Castle St

City Beaufort	State SC	Zip Code 29902
------------------	-------------	-------------------

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 ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2013

**Transaction ID : 3626666**

Amount of Each Receipt this Period  

100.00
--------

 Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 537 OF 1350
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. Mrs. Virginia L. Mithoff**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2930 Lazy Lane Blvd.  
 City Houston State TX Zip Code 77019  
 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 **0.00**

Date of Receipt **04 / 12 / 2013**  
**Transaction ID : 3621520**  
 Amount of Each Receipt this Period **250.00**  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**B. Ms. Constance C. Moore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 419 s. Camac St.  
 City Philadelphia State PA Zip Code 19147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation artist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **0.00**

Date of Receipt **04 / 08 / 2013**  
**Transaction ID : 3618326**  
 Amount of Each Receipt this Period **25.00**  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**C. Mr. John Moran**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1215 E Mwdocino St  
 City Altadena State CA Zip Code 91001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation Auctioneer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **0.00**

Date of Receipt **04 / 08 / 2013**  
**Transaction ID : 3618331**  
 Amount of Each Receipt this Period **25.00**  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**SUBTOTAL** of Receipts This Page (optional)..... **0.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 538 OF 1350 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Ms. Alene Moris**  
Full Name (Last, First, Middle Initial)  
Mailing Address 900 Univerisy St  
City Seattle State WA Zip Code 98101  
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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632347**  
Amount of Each Receipt this Period 50.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**B. Ellen Moscoe**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2316 NW 101st Street  
City Vancouver State WA Zip Code 98685  
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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632337**  
Amount of Each Receipt this Period 10.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**C. Ms. Kathleen Murphy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5320 Burton Road  
City Moss Point State MS Zip Code 39562  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Jackson-George Regional Library System Occupation library clerk  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632294**  
Amount of Each Receipt this Period 10.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 539 OF 1350
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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)  
**EMILY's List**

**A. Ms. Virginia R. Nash**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 837 Hickory Drive  
 City Geneseo State IL Zip Code 61254  
 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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632338**  
 Amount of Each Receipt this Period 6.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**B. Sam Neisner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 332 Sandal Lane  
 City Palm Beach Shores State FL Zip Code 33404  
 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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632352**  
 Amount of Each Receipt this Period 16.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**C. Linda Nichols**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1103 NW 30 Ave  
 City Gainesville State FL Zip Code 32609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Shadow Health Occupation Edu Coord  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632652**  
 Amount of Each Receipt this Period 25.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 540 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Gary Noble**

Mailing Address 5206 Springhouse Circle

City State Zip Code  
Stone Mountain GA 30087

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 3632414**

Amount of Each Receipt this Period  
20.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)  
**B. Mr. Henry Norton**

Mailing Address 251 Maltby Ave.

City State Zip Code  
Slippery Rock PA 16057

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 08 / 2013

**Transaction ID : 3618347**

Amount of Each Receipt this Period  
5.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)  
**C. Mr. Claude C. Noyes**

Mailing Address 33 Vick Park A

City State Zip Code  
Rochester NY 14607

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 09 / 2013

**Transaction ID : 3618832**

Amount of Each Receipt this Period  
50.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 541 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Mrs. Dorothy M. Nye**  
Full Name (Last, First, Middle Initial)

Mailing Address 67 Walnut Bottom Road

City Shippenburg State PA Zip Code 17257

FEC ID number of contributing federal political committee. **C**

Name of Employer H & H Chevrolet Occupation Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2013

**Transaction ID : 3624014**

Amount of Each Receipt this Period  
 100.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B. Ms. Jane O'Grady**  
Full Name (Last, First, Middle Initial)

Mailing Address 2452 Tunlaw Rd., NW

City Washington State DC Zip Code 20007

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632339**

Amount of Each Receipt this Period  
 50.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**C. David Ono**  
Full Name (Last, First, Middle Initial)

Mailing Address 195 Sycamore St.

City Albany State NY Zip Code 12209

FEC ID number of contributing federal political committee. **C**

Name of Employer University @ Albany Occupation PM/Architect

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632685**

Amount of Each Receipt this Period  
 10.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 542 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Jo Ann Mayer Orlinsky</b>		Date of Receipt MM / DD / YYYY 04 / 29 / 2013
Mailing Address 3704 North Charles Street # 206		<b>Transaction ID : 3633629</b>
City Baltimore	State MD	Zip Code 21218
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer REQUESTED	Occupation Requested	Jeanne Shaheen Contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO

Full Name (Last, First, Middle Initial) <b>B. Marsha Orr</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013
Mailing Address 5840 W. 112th Place		<b>Transaction ID : 3632665</b>
City Westminster	State CO	Zip Code 80020
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00	
Name of Employer stay at home mom	Occupation school administration	Jeanne Shaheen Contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO

Full Name (Last, First, Middle Initial) <b>C. Ms. Anne Otten</b>		Date of Receipt MM / DD / YYYY 04 / 08 / 2013
Mailing Address 5005 155th Pl. SE		<b>Transaction ID : 3619504</b>
City Bellevue	State WA	Zip Code 98006
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Self Employed	Occupation Investor	Jeanne Shaheen Contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 543 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Mrs. Joy Panagides**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8404 Whitman Drive  
City Bethesda State MD Zip Code 20817  
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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632415**  
Amount of Each Receipt this Period 30.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**B. Ms. Lucy N. Parker**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1315 Kingwood St.  
City Ypsilanti State MI Zip Code 48197  
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 ▼ 0.00

Date of Receipt 04 / 19 / 2013  
**Transaction ID : 3625705**  
Amount of Each Receipt this Period 100.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**C. Ms. Melissa Patterson-Meador**  
Full Name (Last, First, Middle Initial)  
Mailing Address 288 Briarwood Ln  
City Middletown State CT Zip Code 06457  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Unemployed Occupation Looking for work  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632683**  
Amount of Each Receipt this Period 10.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 544 OF 1350
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Ms. Ann Pennell-Cimini**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 49 Shawmut St  
 City East Longmeadow State MA Zip Code 01028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Yankee Spirits Inc. Occupation sales cashier  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 29 / 2013  
**Transaction ID : 3631861**  
 Amount of Each Receipt this Period 25.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**B. Ms. Ann Pennell-Cimini**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 49 Shawmut St  
 City East Longmeadow State MA Zip Code 01028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Yankee Spirits Inc. Occupation sales cashier  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 29 / 2013  
**Transaction ID : 3631862**  
 Amount of Each Receipt this Period 25.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**C. Ms. Martha C. Perelli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2217 Karns Place  
 City Raleigh State NC Zip Code 27614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Perelli Corp Occupation office manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 29 / 2013  
**Transaction ID : 3631856**  
 Amount of Each Receipt this Period 20.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 545 OF 1350
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Ms. Ellen C. Perrin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 33 Abbottsford Road

City Brookline	State MA	Zip Code 02446
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Tufts Medical Center	Occupation physician
--	-------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		30		2013

**Transaction ID : 3632675**

Amount of Each Receipt this Period  

100.00
--------

 Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B. Denise Petersen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 73 Preda Street

City San Leandro	State CA	Zip Code 94577
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self	Occupation financial advisor
--------------------------	---------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		30		2013

**Transaction ID : 3632628**

Amount of Each Receipt this Period  

25.00
-------

 Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**C. Dr. Anne C. Petersen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3715 Blackberry LN

City Kalamazoo	State MI	Zip Code 49008
-------------------	-------------	-------------------

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 ▼  
0.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		08		2013

**Transaction ID : 3618369**

Amount of Each Receipt this Period  

50.00
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 Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 546 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Kristine Pierce**  
Full Name (Last, First, Middle Initial)  
Mailing Address 891 N Channel  
City Harsens Island State MI Zip Code 48028  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation Tupperware Manager  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **0.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632629**  
Amount of Each Receipt this Period **10.00**  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**B. Ann Porter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6100 Kings View Dr. #105  
City Grand Forks State ND Zip Code 58201  
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 **0.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632542**  
Amount of Each Receipt this Period **10.00**  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**C. Jeanne Powell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 17237 Greenwood Place N  
City Shoreline State WA Zip Code 98133  
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 **0.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632340**  
Amount of Each Receipt this Period **20.00**  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... **0.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 547 OF 1350
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Elliott Powell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 850 Antilla Way  
City San Marcos State CA Zip Code 92078  
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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632543**  
Amount of Each Receipt this Period 10.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**B. Andrew Puglia**  
Full Name (Last, First, Middle Initial)  
Mailing Address 158 Powder House Boulevard  
City Somerville State MA Zip Code 02144  
FEC ID number of contributing federal political committee. **C**  
Name of Employer atlantic bay north company Occupation self-employed  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632254**  
Amount of Each Receipt this Period 25.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**C. Jo Ann Putnam-Scholes**  
Full Name (Last, First, Middle Initial)  
Mailing Address 20 Fairway Drive  
City Barrington State RI Zip Code 02806  
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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632564**  
Amount of Each Receipt this Period 33.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 548 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. John Racanelli**  
Full Name (Last, First, Middle Initial)

Mailing Address 5 Eaat 22nd. Street. Apt.6j

City New York State NY Zip Code 10010

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 ▼ 0.00

Date of Receipt  
04 / 30 / 2013  
Transaction ID : **3632544**

Amount of Each Receipt this Period  
50.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B. Charles Ramsey**  
Full Name (Last, First, Middle Initial)

Mailing Address 9817 Circle Drive Lot 342

City Austin State TX Zip Code 78736

FEC ID number of contributing federal political committee. **C**

Name of Employer Level3 Occupation Telecommunications

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
04 / 30 / 2013  
Transaction ID : **3632301**

Amount of Each Receipt this Period  
12.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**C. Davian Rawls**  
Full Name (Last, First, Middle Initial)

Mailing Address 17 Nevens St

City Portland State ME Zip Code 04103

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 ▼ 0.00

Date of Receipt  
04 / 30 / 2013  
Transaction ID : **3632545**

Amount of Each Receipt this Period  
5.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 549 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Mr. Gerald A. Rech**  
Full Name (Last, First, Middle Initial)  
Mailing Address 70 N. Old Cedar Circle  
City The Woodlands State TX Zip Code 77382  
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 ▼ 0.00

Date of Receipt 04 / 15 / 2013  
**Transaction ID : 3621867**  
Amount of Each Receipt this Period 50.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**B. Ms. Barbara Renfroe**  
Full Name (Last, First, Middle Initial)  
Mailing Address 56 Muirfield Ct.  
City Poughkeepsie State NY Zip Code 12603  
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 ▼ 0.00

Date of Receipt 04 / 22 / 2013  
**Transaction ID : 3627958**  
Amount of Each Receipt this Period 5.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**C. Corban Rhodes**  
Full Name (Last, First, Middle Initial)  
Mailing Address 80 Lafayette Ave. Apt. 1  
City Brooklyn State NY Zip Code 11217  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Labaton Sucharow Occupation Lawyer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632299**  
Amount of Each Receipt this Period 25.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 550 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Roberta Riccio**  
Full Name (Last, First, Middle Initial)  
Mailing Address 519 Rutgers Ave  
City Swarthmore State PA Zip Code 19081  
FEC ID number of contributing federal political committee. **C**  
Name of Employer US EPA Occupation Environmental scientist  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **0.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632693**  
Amount of Each Receipt this Period **13.00**  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**B. Irene Rinn**  
Full Name (Last, First, Middle Initial)  
Mailing Address 336 36th St. #319  
City Bellingham State WA Zip Code 98225  
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 **0.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632546**  
Amount of Each Receipt this Period **20.00**  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**C. Catherine Robbins**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1943 29th Ave.  
City San Francisco State CA Zip Code 94116  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation Book author  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **0.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632630**  
Amount of Each Receipt this Period **25.00**  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... **0.00**  
**TOTAL** This Period (last page this line number only).....

**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 551 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mrs. Bonnie B. Robbins**  
Full Name (Last, First, Middle Initial)

Mailing Address 2821 Fairview Ave. E.

City State Zip Code  
Seattle WA 98102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : 3632416**

Amount of Each Receipt this Period  
50.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B. Ms. Shelley Roberts**  
Full Name (Last, First, Middle Initial)

Mailing Address 206 Hermosa Dr., SE

City State Zip Code  
Albuquerque NM 87108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Educational Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : 3632631**

Amount of Each Receipt this Period  
25.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**C. Louise Roberts**  
Full Name (Last, First, Middle Initial)

Mailing Address 9838 N Houston Oak Dr

City State Zip Code  
Germantown TN 38139

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
shelby county schools substitute teacher

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : 3632654**

Amount of Each Receipt this Period  
5.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 552 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
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NAME OF COMMITTEE (In Full)  
**EMILY's List**

**A. Stephanie Robinson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 300 S. Canon Dr.  
City Beverly Hills State CA Zip Code 90212  
FEC ID number of contributing federal political committee. **C**  
Name of Employer n/a Occupation at home mother  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 08 / 2013  
**Transaction ID : 3618327**  
Amount of Each Receipt this Period 100.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**B. Ms. Nancy Rohn**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2722 Thayer Street  
City Evanston State IL Zip Code 60201  
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 ▼ 0.00

Date of Receipt 04 / 10 / 2013  
**Transaction ID : 3620128**  
Amount of Each Receipt this Period 50.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**C. Joseph Rosenstein**  
Full Name (Last, First, Middle Initial)  
Mailing Address 223 South Third Avenue  
City Highland Park State NJ Zip Code 08904  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Rutgers University Occupation College Teacher  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632569**  
Amount of Each Receipt this Period 5.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶



**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 553 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 17

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

**A. Ms. Ilse W. Ross**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2 Windswept Ln  
City Setauket State NY Zip Code 11733  
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 0.00

Date of Receipt 04 / 10 / 2013  
**Transaction ID : 3620113**  
Amount of Each Receipt this Period 50.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**B. Ms. Joyce I. Ross**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14215 Brandermill Woods Trl  
City Midlothian State VA Zip Code 23112  
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 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632417**  
Amount of Each Receipt this Period 25.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**C. Ms. Edna Caila Rossenas**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1795 Shoreline Highway  
City Muir Beach State CA Zip Code 94965  
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 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632418**  
Amount of Each Receipt this Period 10.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 554 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mrs. Judith S Rowe**  
Full Name (Last, First, Middle Initial)

Mailing Address 4701 Willard Avenue, Apt 405

City Chevy Chase State MD Zip Code 20815

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 ▼ 0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 3632547**

Amount of Each Receipt this Period  
25.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B. Melissa Ryan**  
Full Name (Last, First, Middle Initial)

Mailing Address 1884 Columbia Rd NW Apt #604

City Washington State DC Zip Code 20009

FEC ID number of contributing federal political committee. **C**

Name of Employer EMILY's List Occupation Digital Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 3632269**

Amount of Each Receipt this Period  
20.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**C. Kathleen A. Ryan**  
Full Name (Last, First, Middle Initial)

Mailing Address 2103 Del Hollow St

City Lakewood State CA Zip Code 90712

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 ▼ 0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 3632548**

Amount of Each Receipt this Period  
10.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 555 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Chantal Saipe**

Mailing Address 4191 Combe Way

City San Diego State CA Zip Code 92122

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2013

Transaction ID : **3620121**

Amount of Each Receipt this Period  
 25.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)  
**B. Ms. Sandra Salveter**

Mailing Address 3000 W. Valley Forge Circle Apt. 1241

City King of Prussia State PA Zip Code 19406

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 25 / 2013

Transaction ID : **3629782**

Amount of Each Receipt this Period  
 20.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)  
**C. Sam Sanders**

Mailing Address 6516 W Stanley Rd

City Mount Morris State MI Zip Code 48458

FEC ID number of contributing federal political committee. **C**

Name of Employer gm Occupation labor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

Transaction ID : **3632281**

Amount of Each Receipt this Period  
 10.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 556 OF 1350
	(check only one)	
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	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Ms. Annette Schaumann**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2640 Elmdale Ct..  
City Palo Alto State CA Zip Code 94303  
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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632549**  
Amount of Each Receipt this Period 5.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**B. Priscilla Schmitz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10110 Coveridge Dr  
City Dallas State TX Zip Code 75238  
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 ▼ 0.00

Date of Receipt 04 / 08 / 2013  
**Transaction ID : 3618354**  
Amount of Each Receipt this Period 25.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**C. Judith R. Schneider**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1175 E. Broadway  
City Hewlett State NY Zip Code 11557  
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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632550**  
Amount of Each Receipt this Period 18.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 557 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Ms. Doris Schulman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 360 E. 72nd Street  
City New York State NY Zip Code 10021  
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 0.00

Date of Receipt 04 / 17 / 2013  
**Transaction ID : 3624011**  
Amount of Each Receipt this Period 100.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**B. Paul Schwartz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 115-25 Metropolitan Ave Apt 344  
City Kew Gardens State NY Zip Code 11418  
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 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632419**  
Amount of Each Receipt this Period 25.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**C. Ms. Jane Shannon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2200 Cambridge Dr.  
City Sarasota State FL Zip Code 34232  
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 0.00

Date of Receipt 04 / 23 / 2013  
**Transaction ID : 3628359**  
Amount of Each Receipt this Period 50.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 558 OF 1350
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. Ms. Peg Shaw**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2147 O St NW  
Apt 306  
City Washington State DC Zip Code 20037  
FEC ID number of contributing federal political committee. **C**  
Name of Employer REQUESTED Occupation Lawyer  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 0.00

Date of Receipt  
MM / DD / YYYY  
04 / 22 / 2013  
**Transaction ID : 3627955**  
Amount of Each Receipt this Period  
100.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**B. Joseph Sheperd**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2 West 3rd Ave  
City Johnstown State NY Zip Code 12095  
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 0.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2013  
**Transaction ID : 3632341**  
Amount of Each Receipt this Period  
25.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**C. Ms. Myrna Siegel**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1739 Vineyard Trl.  
City Annapolis State MD Zip Code 21401  
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 0.00

Date of Receipt  
MM / DD / YYYY  
04 / 26 / 2013  
**Transaction ID : 3631840**  
Amount of Each Receipt this Period  
100.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 559 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
**EMILY's List**

**A. Mr. Edward Silha**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11509 Pyreneese Dr  
City Austin State TX Zip Code 78759  
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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632420**  
Amount of Each Receipt this Period 50.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**B. Ms. Loretta Simon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 24 Commonwealth Drive  
City Glenmont State NY Zip Code 12077  
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 ▼ 0.00

Date of Receipt 04 / 08 / 2013  
**Transaction ID : 3619500**  
Amount of Each Receipt this Period 50.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**C. Mr. Lewis Simpson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 901 Yakima Avenue S.  
City Seattle State WA Zip Code 98144  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self employed Occupation artist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632643**  
Amount of Each Receipt this Period 10.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 560 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Ms. Nancy Skinner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1724 Highland Drive

City Newport Beach	State CA	Zip Code 92660
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer None	Occupation Housewife
--------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		08		2013

**Transaction ID : 3618338**

Amount of Each Receipt this Period  

00	.	00
----	---	----

 50.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B. Ms. Nancy Skinner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1724 Highland Drive

City Newport Beach	State CA	Zip Code 92660
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer None	Occupation Housewife
--------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		30		2013

**Transaction ID : 3632342**

Amount of Each Receipt this Period  

00	.	00
----	---	----

 30.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**C. Prudence Skinner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2415 34th Ave

City Sacramento	State CA	Zip Code 95822
--------------------	-------------	-------------------

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 ▼  
0.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		08		2013

**Transaction ID : 3618364**

Amount of Each Receipt this Period  

00	.	00
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 20.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 561 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Mr. Charles A. Sleicher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 116 Fairview Ave N #310  
 City Seattle State WA Zip Code 98109  
 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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632551**  
 Amount of Each Receipt this Period 10.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**B. Mrs. Connie Sly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 970 Canyon View Drive  
 City La Verne State CA Zip Code 91750  
 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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632421**  
 Amount of Each Receipt this Period 50.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**C. Rita Smalling**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4711 E Brisa Del Norte  
 City Tucson State AZ Zip Code 85718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer none Occupation not employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632422**  
 Amount of Each Receipt this Period 5.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 562 OF 1350
	<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. Jim Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Burning Tree Lane  
 City Lawrenceville State NJ Zip Code 08648  
 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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632452**  
 Amount of Each Receipt this Period 15.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**B. Mrs. Shirley Sokolsky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2003 N Ocean Blvd Apt 1103  
 City Boca Raton State FL Zip Code 33431  
 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 ▼ 0.00

Date of Receipt 04 / 08 / 2013  
**Transaction ID : 3619502**  
 Amount of Each Receipt this Period 25.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**C. Virginia Solomon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10972 Culver Blvd  
 City Culver City State CA Zip Code 90230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer USC Occupation Student  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632697**  
 Amount of Each Receipt this Period 5.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 563 OF 1350
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Soohun Song**

Mailing Address 22 Draper Rd

City State Zip Code  
Dover MA 02030

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
atp interpreter

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : 3632256**

Amount of Each Receipt this Period  
25.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)  
**B. Mr. George W. Spencer**

Mailing Address 1835 Park Avenue

City State Zip Code  
Sycamore IL 60178

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
MM / DD / YYYY  
04 / 08 / 2013

**Transaction ID : 3618352**

Amount of Each Receipt this Period  
50.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)  
**C. Ms. Carole Spreitzer**

Mailing Address 5135 N. Tripp

City State Zip Code  
Chicago IL 60630

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : 3632423**

Amount of Each Receipt this Period  
20.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 564 OF 1350
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Ms. Jutta Eva Stange**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 90764

City San Diego	State CA	Zip Code 92169
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer None	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Date of Receipt  
MM / DD / YYYY  
04 / 24 / 2013  
**Transaction ID : 3629184**

Amount of Each Receipt this Period  
0.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B. David Stein**  
Full Name (Last, First, Middle Initial)  
Mailing Address Pacific Coast Hwy

City Laguna Beach	State CA	Zip Code 92651
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self	Occupation hotelier	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2013  
**Transaction ID : 3632632**

Amount of Each Receipt this Period  
50.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**C. Ms. Pearl Steinberg**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3300 Darby Rd  
Apt. #1205

City Haverford	State PA	Zip Code 19041
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2013  
**Transaction ID : 3620104**

Amount of Each Receipt this Period  
50.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 565 OF 1350
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Bonnie Steinbock</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013
Mailing Address 6 Croswell St.		<b>Transaction ID : 3632687</b>
City Albany	State NY	Zip Code 12206
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer University at Albany	Occupation professor	Jeanne Shaheen Contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO

Full Name (Last, First, Middle Initial) <b>B. William Stockton</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013
Mailing Address 458 W. 146 Street #1N		<b>Transaction ID : 3632424</b>
City New York	State NY	Zip Code 10031
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer None	Occupation None	Jeanne Shaheen Contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO

Full Name (Last, First, Middle Initial) <b>C. Dr. Barbara S. Stowe</b>		Date of Receipt MM / DD / YYYY 04 / 11 / 2013
Mailing Address 11507 Woodstock Way		<b>Transaction ID : 3620371</b>
City Reston	State VA	Zip Code 20194
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Kansas State Univ	Occupation Dean and Professor/retired	Jeanne Shaheen Contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 566 OF 1350
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mrs. Anita Strauss**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7887 Revelle Drive

City La Jolla	State CA	Zip Code 92037
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer S.D. Mental Health Association	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		08		2013

**Transaction ID : 3618382**

Amount of Each Receipt this Period  

100.00
--------

 Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B. Ms. Sigrid Anne Strom**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1404 NE 154th St.

City Shoreline	State WA	Zip Code 98155
-------------------	-------------	-------------------

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 ▼  
0.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		15		2013

**Transaction ID : 3623358**

Amount of Each Receipt this Period  

10.00
-------

 Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**C. Phillip Stump**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3602 Sherwood Place

City Lynchburg	State VA	Zip Code 24503
-------------------	-------------	-------------------

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 ▼  
0.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		30		2013

**Transaction ID : 3632552**

Amount of Each Receipt this Period  

15.00
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 Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 567 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Suzanne Sumrall**  
Full Name (Last, First, Middle Initial)  
Mailing Address 717 Willivee Dr.  
City Decatur State GA Zip Code 30033  
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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632343**  
Amount of Each Receipt this Period 15.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**B. Barbara Swanson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 343 Kellogg Blvd E  
City Saint Paul State MN Zip Code 55101  
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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632553**  
Amount of Each Receipt this Period 25.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**C. Mary Tambornino**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3851 Susan Lane  
City Minnetonka State MN Zip Code 55345  
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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632554**  
Amount of Each Receipt this Period 50.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 568 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**EMILY's List**

**A. Ms. Pamela E. Tarr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12223 Califa Street  
 City Valley Village State CA Zip Code 91607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Producer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 04 / 30 / 2013  
**Transaction ID : 3632633**  
 Amount of Each Receipt this Period 7.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**B. Maria Luisa Tasayco**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 116 Pinehurst Ave Apt H43  
 City New York State NY Zip Code 10033  
 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 ▼ 0.00

Date of Receipt  
 04 / 30 / 2013  
**Transaction ID : 3632344**  
 Amount of Each Receipt this Period 5.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**C. Dr. Judith M. Taylor , M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 255 Berry St Apt 610  
 City San Francisco State CA Zip Code 94158  
 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 ▼ 0.00

Date of Receipt  
 04 / 30 / 2013  
**Transaction ID : 3632425**  
 Amount of Each Receipt this Period 25.00  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 569 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Mr. Everett E. Taylor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 22  
 City Browning State MO Zip Code 64630  
 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 **0.00**

Date of Receipt **04 / 23 / 2013**  
**Transaction ID : 3628362**  
 Amount of Each Receipt this Period **25.00**  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**B. Kathleen Thaxton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 334  
 City North Stonington State CT Zip Code 06359  
 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 **0.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632555**  
 Amount of Each Receipt this Period **50.00**  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**C. Dr. Julie K. Timins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 FOOTES LN  
 City Morristown State NJ Zip Code 07960  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **0.00**

Date of Receipt **04 / 22 / 2013**  
**Transaction ID : 3627959**  
 Amount of Each Receipt this Period **100.00**  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**SUBTOTAL** of Receipts This Page (optional)..... **0.00**  
**TOTAL** This Period (last page this line number only).....

**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 570 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Elaina Timm**  
Full Name (Last, First, Middle Initial)

Mailing Address 651 East 2700 South

City State Zip Code  
Salt Lake City UT 84106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None homemaker/unemployed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 3632345**

Amount of Each Receipt this Period  
0.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B. Peter Tishler**  
Full Name (Last, First, Middle Initial)

Mailing Address 199 Cooldige Avenue Apt. 510

City State Zip Code  
Watertown MA 02472

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Brigham and Women's Hospital physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 08 / 2013

**Transaction ID : 3618342**

Amount of Each Receipt this Period  
100.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**c. Ms. Cheryl A. Traendly**  
Full Name (Last, First, Middle Initial)

Mailing Address 3008 Manning CT

City State Zip Code  
Santa Rosa CA 95403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 10 / 2013

**Transaction ID : 3620110**

Amount of Each Receipt this Period  
25.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 571 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Dr. Alice E. Trexler**  
Full Name (Last, First, Middle Initial)

Mailing Address 48 Spy Pond Ln

City State Zip Code  
Arlington MA 02474

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 08 / 2013

**Transaction ID : 3618346**

Amount of Each Receipt this Period  
25.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B. Kelly Trippe**  
Full Name (Last, First, Middle Initial)

Mailing Address 4107 Maryland Avenue

City State Zip Code  
Bethesda MD 20816

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
self medical writer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 3632634**

Amount of Each Receipt this Period  
50.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**C. Ms. Judith Troestler**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 370306

City State Zip Code  
Milwaukee WI 53237

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 3632426**

Amount of Each Receipt this Period  
10.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 572 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Peter Trotman**  
Full Name (Last, First, Middle Initial)

Mailing Address 180 Turn Of River Road

City Stamford State CT Zip Code 06905

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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632427**

Amount of Each Receipt this Period 25.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B. William Tucci**  
Full Name (Last, First, Middle Initial)

Mailing Address 150 Charles Wade Lane

City Henderson State NC Zip Code 27537

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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632661**

Amount of Each Receipt this Period 10.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**C. Steve Turner**  
Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 92380

City Anchorage State AK Zip Code 99509

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation real estate appraiser

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 08 / 2013  
**Transaction ID : 3618345**

Amount of Each Receipt this Period 25.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 573 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. William Tyler**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1929

City Aptos State CA Zip Code 95001

FEC ID number of contributing federal political committee. **C**

Name of Employer Google Occupation software engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632283**

Amount of Each Receipt this Period 10.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B. Ms. Susan G Vankuiken**  
Full Name (Last, First, Middle Initial)

Mailing Address 1524 McAllister St

City Sanfrancisco State CA Zip Code 94115

FEC ID number of contributing federal political committee. **C**

Name of Employer Sew Whatg Occupation designer/seamstress

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 08 / 2013  
**Transaction ID : 3618823**

Amount of Each Receipt this Period 20.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**C. Ms. Lynda Vibrock**  
Full Name (Last, First, Middle Initial)

Mailing Address 5220 Wesleyan St., Apt. C-306

City Houston State TX Zip Code 77005

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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632556**

Amount of Each Receipt this Period 15.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 574 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Patricia M Wang**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4289 Perna Lane  
City Iron Station State NC Zip Code 28080  
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 **0.00**

Date of Receipt **04 / 10 / 2013**  
**Transaction ID : 3620119**  
Amount of Each Receipt this Period **20.00**  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**B. Ms. Sally Warren**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3710 Armstrong Avenue  
City Dallas State TX Zip Code 75205  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation artist  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **0.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632635**  
Amount of Each Receipt this Period **100.00**  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**C. Ms. Claudia Wasik**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1315 Kingwood St.  
City Ypsilanti State MI Zip Code 48197  
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 **0.00**

Date of Receipt **04 / 19 / 2013**  
**Transaction ID : 3626417**  
Amount of Each Receipt this Period **50.00**  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... **0.00**  
**TOTAL** This Period (last page this line number only).....

**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 575 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Ms. Eleanor Watson**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 291

City Limerick State ME Zip Code 04048

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 ▼ 0.00

Date of Receipt  
04 / 22 / 2013  
Transaction ID : 3627960

Amount of Each Receipt this Period  
0.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B. Dr. Margaret L. Weber-Levine**  
Full Name (Last, First, Middle Initial)

Mailing Address 373 Sargent Dr. SE

City Atlanta State GA Zip Code 30315

FEC ID number of contributing federal political committee. **C**

Name of Employer Morehouse College Occupation EDUCATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
04 / 15 / 2013  
Transaction ID : 3623360

Amount of Each Receipt this Period  
75.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**C. Ann Weigl**  
Full Name (Last, First, Middle Initial)

Mailing Address 109 Edgewood Ln

City Oxford State WI Zip Code 53952

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 ▼ 0.00

Date of Receipt  
04 / 30 / 2013  
Transaction ID : 3632353

Amount of Each Receipt this Period  
50.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 576 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Jane F. West</b>		Date of Receipt MM / DD / YYYY 04 / 08 / 2013 <b>Transaction ID : 3619490</b>
Mailing Address 15 Sunset Rdg		Amount of Each Receipt this Period 0.00
City Deep River	State CT	Zip Code 06417
FEC ID number of contributing federal political committee. C		Jeanne Shaheen Contributions
Name of Employer REQUESTED	Occupation Requested	<b>[MEMO ITEM]</b> MEMO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Doris Wheaton</b>		Date of Receipt MM / DD / YYYY 04 / 23 / 2013 <b>Transaction ID : 3628360</b>
Mailing Address 222 Proctor Avenue		Amount of Each Receipt this Period 20.00
City Odgensburg	State NY	Zip Code 13669
FEC ID number of contributing federal political committee. C		Jeanne Shaheen Contributions
Name of Employer REQUESTED	Occupation HOUSEWIFE	<b>[MEMO ITEM]</b> MEMO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C. Lynn Wheeler</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : 3632557</b>
Mailing Address 7435 Sw 54Th Ave		Amount of Each Receipt this Period 10.00
City Miami	State FL	Zip Code 33143
FEC ID number of contributing federal political committee. C		Jeanne Shaheen Contributions
Name of Employer None	Occupation Retired	<b>[MEMO ITEM]</b> MEMO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 577 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Ms. Linda Whitlock**  
Full Name (Last, First, Middle Initial)  
Mailing Address 30 Saxon Road  
City Newton State MA Zip Code 02461  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation executive  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632650**  
Amount of Each Receipt this Period 100.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**B. Ms. Laura Whitney**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4322 Melody Ln Apt 211  
City Madison State WI Zip Code 53704  
FEC ID number of contributing federal political committee. **C**  
Name of Employer WI State Assembly Sgt at Arms Occupation POSTAL CLERK  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 12 / 2013  
**Transaction ID : 3621521**  
Amount of Each Receipt this Period 10.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**C. Christine Widaman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2420 Vista Del Sol  
City La Verne State CA Zip Code 91750  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Arrowhead Regional Medical Center Occupation Wound Care Clinician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632252**  
Amount of Each Receipt this Period 5.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 578 OF 1350
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Prof. Norris Williams**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2430 NW 38th St

City Gainesville	State FL	Zip Code 32605
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer univ of florida	Occupation biologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Date of Receipt  
MM / DD / YYYY  
04 / 08 / 2013  
**Transaction ID : 3618332**

Amount of Each Receipt this Period  
0.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B. Ms. Mary P. Williams**  
Full Name (Last, First, Middle Initial)  
Mailing Address 264 Ivy Glen Cr

City Avondale Estates	State GA	Zip Code 30002
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Date of Receipt  
MM / DD / YYYY  
04 / 08 / 2013  
**Transaction ID : 3618351**

Amount of Each Receipt this Period  
20.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**C. Ms. Darla F. Wilson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2534 Berwyn Road

City Wilmington	State DE	Zip Code 19810
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AstraZeneca Pharmaceuticals	Occupation HR Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2013  
**Transaction ID : 3633626**

Amount of Each Receipt this Period  
10.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 579 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Ms. Marie Woo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6666 Bloomfield Ln  
City West Bloomfield State MI Zip Code 48322  
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 ▼ 0.00

Date of Receipt 04 / 08 / 2013  
**Transaction ID : 3618361**  
Amount of Each Receipt this Period 50.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**B. Christine Wood**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2209 Oakridge Ave  
City Madison State WI Zip Code 53704  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation Mom  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632636**  
Amount of Each Receipt this Period 50.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**C. Julia Woogen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2824 Waters Edge Circle  
City West Palm Beach State FL Zip Code 33413  
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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632558**  
Amount of Each Receipt this Period 10.00  
Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 580 OF 1350
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Elizabeth Woolner</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013
Mailing Address 1601 9th Ave NE		<b>Transaction ID : 3632567</b>
City Rochester	State MN	Zip Code 55906
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Rochester Public Schools	Occupation short-call substitute teacher	Jeanne Shaheen Contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO

Full Name (Last, First, Middle Initial) <b>B. Ms. Mary Woolsey</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013
Mailing Address 1184 Keeler Ave		<b>Transaction ID : 3632428</b>
City Berkeley	State CA	Zip Code 94708
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer None	Occupation Retired	Jeanne Shaheen Contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO

Full Name (Last, First, Middle Initial) <b>C. Mrs. Yvonne Wootten</b>		Date of Receipt MM / DD / YYYY 04 / 23 / 2013
Mailing Address 7117 Huron Ave		<b>Transaction ID : 3628764</b>
City Lexington	State MI	Zip Code 48450
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer None	Occupation retired	Jeanne Shaheen Contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 581 OF 1350
	<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. Kristi Yore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2933 W. Vina Del Mar Blvd.  
 City St. Pete Beach State FL Zip Code 33706  
 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 **0.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632559**  
 Amount of Each Receipt this Period **10.00**  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**B. Ronald Young**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1763 Sunnydale Ave.  
 City Simi Valley State CA Zip Code 93065  
 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 **0.00**

Date of Receipt **04 / 08 / 2013**  
**Transaction ID : 3618343**  
 Amount of Each Receipt this Period **100.00**  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**C. Janet Young**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 Sunset Ln  
 City Hancock State NH Zip Code 03449  
 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 **0.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632429**  
 Amount of Each Receipt this Period **15.00**  
 Jeanne Shaheen Contributions  
**[MEMO ITEM]**  
 MEMO

**SUBTOTAL** of Receipts This Page (optional)..... **0.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 582 OF 1350
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Ms. Marie Zawatzky**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2639 S. Wilbur

City Walla Walla	State WA	Zip Code 99362
---------------------	-------------	-------------------

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 ▼  
0.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		08		2013

**Transaction ID : 3618370**

Amount of Each Receipt this Period  

50.00
-------

 Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B. Natalie Zuckerman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1695 Judy Lane Ext

City STANLEY	State VA	Zip Code 22851
-----------------	-------------	-------------------

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 ▼  
0.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		08		2013

**Transaction ID : 3618362**

Amount of Each Receipt this Period  

50.00
-------

 Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**C. Lewis Zuelow**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7 Libra Dr.

City Novato	State CA	Zip Code 94947
----------------	-------------	-------------------

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 ▼  
0.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		30		2013

**Transaction ID : 3632560**

Amount of Each Receipt this Period  

100.00
--------

 Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 583 OF 1350
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Carla Aamodt**  
Full Name (Last, First, Middle Initial)

Mailing Address 3008 W 51st Street

City Westwood State KS Zip Code 66205

FEC ID number of contributing federal political committee. **C**

Name of Employer St Luke's Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632658**

Amount of Each Receipt this Period  
 10.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**B. Brooke Adams**  
Full Name (Last, First, Middle Initial)

Mailing Address 3301 Foxridge Rd.

City Charlotte State NC Zip Code 28226

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632357**

Amount of Each Receipt this Period  
 100.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**C. Marlene Adams**  
Full Name (Last, First, Middle Initial)

Mailing Address 7921 Holm Oak Lane

City Raleigh State NC Zip Code 27613

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632453**

Amount of Each Receipt this Period  
 25.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 584 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Mr. Herant Akmajian**  
Full Name (Last, First, Middle Initial)

Mailing Address 3034 E 6th St  
Unit 58

City Tucson State AZ Zip Code 85716

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 ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
04 / 17 / 2013

**Transaction ID : 3624012**

Amount of Each Receipt this Period  
50.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**B. Amy Alexander**  
Full Name (Last, First, Middle Initial)

Mailing Address 1717 Mott-Smith Dr.  
1005

City Honolulu State HI Zip Code 96822

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 ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : 3632312**

Amount of Each Receipt this Period  
5.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**C. Barbara Anagnostelis**  
Full Name (Last, First, Middle Initial)

Mailing Address 18 Teakwood Place

City The Woodlands State TX Zip Code 77384

FEC ID number of contributing federal political committee. **C**

Name of Employer SPR Occupation Program Coordinator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : 3632656**

Amount of Each Receipt this Period  
10.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 585 OF 1350
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. Steve Anderson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 720 Roanoake Court  
City Naperville State IL Zip Code 60565  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BP Occupation Chemist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632259**  
Amount of Each Receipt this Period 50.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**B. Ms. Patricia Anderson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 220 Sherman St NW  
City Olympia State WA Zip Code 98502  
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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632313**  
Amount of Each Receipt this Period 75.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**C. Ms. Susan B. Ardis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8100 Bearcreek  
City Austin State TX Zip Code 78737  
FEC ID number of contributing federal political committee. **C**  
Name of Employer university of texas Occupation librarian  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632690**  
Amount of Each Receipt this Period 10.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 586 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Ms. Margaret Arthur**  
Full Name (Last, First, Middle Initial)  
Mailing Address 711 West Smith Street  
City Orlando State FL Zip Code 32804  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Truffles and Truffles, Inc. Occupation cooking school  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632672**  
Amount of Each Receipt this Period 100.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**B. William Atkins**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2112 Crossmeadow Lane  
City Brookeville State MD Zip Code 20833  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Management Consultants, LLC Occupation Behavioral Health Consultant  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632284**  
Amount of Each Receipt this Period 50.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**C. Bob Atwood**  
Full Name (Last, First, Middle Initial)  
Mailing Address 248 Boulder Cr Dr#8  
City Redding State CA Zip Code 96003  
FEC ID number of contributing federal political committee. **C**  
Name of Employer walmart Occupation maintenance  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632701**  
Amount of Each Receipt this Period 5.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 587 OF 1350
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Ms. Jane Audrey-Neuhauser**  
Full Name (Last, First, Middle Initial)

Mailing Address 5 Oak Ridge Dr. #7

City Maynard	State MA	Zip Code 01754
-----------------	-------------	-------------------

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 ▼  
0.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		30		2013

**Transaction ID : 3632454**

Amount of Each Receipt this Period  
0.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**B. Mr. Gerald R. Bakker**  
Full Name (Last, First, Middle Initial)

Mailing Address 12785 Wilderness Trail

City Grand Haven	State MI	Zip Code 49417
---------------------	-------------	-------------------

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 ▼  
0.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		30		2013

**Transaction ID : 3632455**

Amount of Each Receipt this Period  
10.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**C. Ms. Annette L. Bakstran**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 96

City Berlin	State MA	Zip Code 01503
----------------	-------------	-------------------

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 ▼  
0.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		24		2013

**Transaction ID : 3629549**

Amount of Each Receipt this Period  
25.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 588 OF 1350
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Ms. Jean Hinshaw Balgrosky Hinshaw**

Mailing Address 400 West Ocean View Ave

City State Zip Code  
Del Mar CA 92014

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UCLA Lecturer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : 3632680**

Amount of Each Receipt this Period  
25.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)  
**B. Ms. Cecile Dickson Banner**

Mailing Address P.O. Box 427

City State Zip Code  
Port Royal SC 29935

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
MM / DD / YYYY  
04 / 12 / 2013

**Transaction ID : 3621517**

Amount of Each Receipt this Period  
100.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)  
**C. Ms. Marsha L Barton**

Mailing Address 6807 164TH PL SW

City State Zip Code  
Edmonds WA 98026

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
MM / DD / YYYY  
04 / 13 / 2013

**Transaction ID : 3621404**

Amount of Each Receipt this Period  
50.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 589 OF 1350
<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. Joan Baumgartner**  
Full Name (Last, First, Middle Initial)

Mailing Address 5996 Wausaukee Rd

City West Bend State WI Zip Code 53095

FEC ID number of contributing federal political committee. **C**

Name of Employer real estate Occupation self employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
Transaction ID : 3632443

Amount of Each Receipt this Period 33.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**B. Ms. Barbara G. Beaver**  
Full Name (Last, First, Middle Initial)

Mailing Address 198 Beacon Hill Rd

City Califon State NJ Zip Code 07830

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 ▼ 0.00

Date of Receipt 04 / 23 / 2013  
Transaction ID : 3628352

Amount of Each Receipt this Period 20.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**C. Lisa Belsky**  
Full Name (Last, First, Middle Initial)

Mailing Address 140 Cabrini Blvd. Apt. #111

City New York State NY Zip Code 10033

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation community development

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
Transaction ID : 3632572

Amount of Each Receipt this Period 25.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 590 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Dr. Jean R Berggren**  
Full Name (Last, First, Middle Initial)  
Mailing Address 308 South Winooski Ave #2

City Burlington	State VT	Zip Code 05401
FEC ID number of contributing federal political committee. C		
Name of Employer State of New York	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Date of Receipt  
04 / 30 / 2013  
Transaction ID : 3632662

Amount of Each Receipt this Period  
20.00

Kay Hagan Contributions  
[MEMO ITEM]  
MEMO

**B. Ms. Betty I. Bernstein**  
Full Name (Last, First, Middle Initial)  
Mailing Address 204 W Poplar Ave

City San Mateo	State CA	Zip Code 94402
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Date of Receipt  
04 / 10 / 2013  
Transaction ID : 3620123

Amount of Each Receipt this Period  
20.00

Kay Hagan Contributions  
[MEMO ITEM]  
MEMO

**C. Ms. Lieselotte N. Betterman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1506 W Willow Ln

City Mount Prospect	State IL	Zip Code 60056
FEC ID number of contributing federal political committee. C		
Name of Employer Retired	Occupation Educator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Date of Receipt  
04 / 22 / 2013  
Transaction ID : 3627951

Amount of Each Receipt this Period  
100.00

Kay Hagan Contributions  
[MEMO ITEM]  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 591 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Joan Beverstock**  
Full Name (Last, First, Middle Initial)

Mailing Address 8243 E. Sierra Pinta Drive

City State Zip Code  
Scottsdale AZ 85255

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 3632456**

Amount of Each Receipt this Period  
25.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**B. Marjorie Bicking**  
Full Name (Last, First, Middle Initial)

Mailing Address 2407 Hamond PI

City State Zip Code  
Wilmington DE 19808

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 3632358**

Amount of Each Receipt this Period  
10.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**C. Mr. James Blair**  
Full Name (Last, First, Middle Initial)

Mailing Address 610 Walnut

City State Zip Code  
Burlington IA 52601

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 3632457**

Amount of Each Receipt this Period  
40.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 592 OF 1350 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Robert Block</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : 3632669</b>
Mailing Address 34 McIntosh Ln		Amount of Each Receipt this Period 100.00
City Bennington	State VT	Zip Code 05201
FEC ID number of contributing federal political committee. C	Kay Hagan Contributions	
Name of Employer Taconic Orthopaedics	Occupation physician	<b>[MEMO ITEM]</b> MEMO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B. Roberta Blumberg</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : 3632671</b>
Mailing Address 7920 Sutcliffe Dr		Amount of Each Receipt this Period 5.00
City Raleigh	State NC	Zip Code 27613
FEC ID number of contributing federal political committee. C	Kay Hagan Contributions	
Name of Employer Tamarack Camps	Occupation Registered Nurse	<b>[MEMO ITEM]</b> MEMO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C. Diane Blumson</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : 3632573</b>
Mailing Address 1210 Henry Street		Amount of Each Receipt this Period 10.00
City Ann Arbor	State MI	Zip Code 48104
FEC ID number of contributing federal political committee. C	Kay Hagan Contributions	
Name of Employer self	Occupation social worker	<b>[MEMO ITEM]</b> MEMO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 593 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Janet Borchers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 17377 Surrey Ct.  
City Meadow Vista State CA Zip Code 95722  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation None  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632359**  
Amount of Each Receipt this Period 5.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**B. Ms. Martha A. Boyd**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2608 Fiset Drive  
City Austin State TX Zip Code 78731  
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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632458**  
Amount of Each Receipt this Period 10.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**C. Vero Brentjens**  
Full Name (Last, First, Middle Initial)  
Mailing Address 138 Bayview Trail  
City Edenton State NC Zip Code 27932  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None-retired Occupation None-retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632432**  
Amount of Each Receipt this Period 15.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 594 OF 1350
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. David Brewer**  
Full Name (Last, First, Middle Initial)

Mailing Address 923 N. Vassar

City State Zip Code  
Wichita KS 67208

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
KPTS-TV TV Program Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt  
**04 / 30 / 2013**

**Transaction ID : 3632296**

Amount of Each Receipt this Period  
**20.00**

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**B. Kay Briggs**  
Full Name (Last, First, Middle Initial)

Mailing Address 149 Anna Lane

City State Zip Code  
Berryville VA 22611

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
us geological survey wildlife scientist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt  
**04 / 30 / 2013**

**Transaction ID : 3632694**

Amount of Each Receipt this Period  
**10.00**

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**C. Rita Brooks**  
Full Name (Last, First, Middle Initial)

Mailing Address 7106 Lakewood Blvd.

City State Zip Code  
Dallas TX 75214

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt  
**04 / 30 / 2013**

**Transaction ID : 3632360**

Amount of Each Receipt this Period  
**10.00**

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... **0.00**

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

**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 595 OF 1350
	<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. Michael Brownlee**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 East 71st Street

City New York State NY Zip Code 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Albert Einstein College of Medicine Occupation Physician-Scientist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632245**

Amount of Each Receipt this Period 50.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**B. Ms. Anne Burling**  
Full Name (Last, First, Middle Initial)

Mailing Address 18 Brown St

City Cambridge State MA Zip Code 02138

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 ▼ 0.00

Date of Receipt 04 / 08 / 2013  
**Transaction ID : 3619494**

Amount of Each Receipt this Period 100.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**C. Ms. Joan N. Burstyn**  
Full Name (Last, First, Middle Initial)

Mailing Address 216 Bradford Pkwy

City Syracuse State NY Zip Code 13224

FEC ID number of contributing federal political committee. **C**

Name of Employer Syracuse University Occupation professor emerita (i.e.retired)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632667**

Amount of Each Receipt this Period 30.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 596 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 17

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

**A. James Buxton**  
Full Name (Last, First, Middle Initial)

Mailing Address 25 Sandhill Road

City Orinda State CA Zip Code 94563

FEC ID number of contributing federal political committee. **C**

Name of Employer Buxton Consulting Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632261**

Amount of Each Receipt this Period  
 10.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**B. Ms. Rebecca Calvert**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2019

City Ranchos De Taos State NM Zip Code 87557

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632361**

Amount of Each Receipt this Period  
 5.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**C. Ms. Margaret Jean Cannon**  
Full Name (Last, First, Middle Initial)

Mailing Address 548b Beach Road

City Sarasota State FL Zip Code 34242

FEC ID number of contributing federal political committee. **C**

Name of Employer IBM Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632288**

Amount of Each Receipt this Period  
 15.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 597 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Susan Cappa**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5517 Ventnor Lane  
City Springfield State VA Zip Code 22151  
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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632561**  
Amount of Each Receipt this Period 20.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**B. Leonard Carrier**  
Full Name (Last, First, Middle Initial)  
Mailing Address 26 Stonebridge Drive  
City Asheville State NC Zip Code 28805  
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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632314**  
Amount of Each Receipt this Period 10.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**C. Mrs. Louise Britt Carvey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3601 Overton Park DR E  
City Fort Worth State TX Zip Code 76109  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation Housewife  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 15 / 2013  
**Transaction ID : 3623355**  
Amount of Each Receipt this Period 200.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 598 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**EMILY's List**

**A. Mrs. Marie E. Cas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3852 Ambassador Dr  
 City State Zip Code  
 Palm Harbor FL 34685  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired SMALL BUSINESS OWNER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2013  
**Transaction ID : 3620125**  
 Amount of Each Receipt this Period  
 50.00  
 Kay Hagan Contributions  
**[MEMO ITEM]**  
 MEMO

**B. Ms. Linda Castle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18331 Roehampton Dr # 116  
 City State Zip Code  
 Dallas TX 75252  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 REQUESTED REQUESTED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2013  
**Transaction ID : 3620122**  
 Amount of Each Receipt this Period  
 5.00  
 Kay Hagan Contributions  
**[MEMO ITEM]**  
 MEMO

**C. Elizabeth Cerny**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7728 Williams St.  
 City State Zip Code  
 Downers Grove IL 60516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 None Retired  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3632315**  
 Amount of Each Receipt this Period  
 5.00  
 Kay Hagan Contributions  
**[MEMO ITEM]**  
 MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 599 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Luis Cerra**  
Full Name (Last, First, Middle Initial)

Mailing Address 30 West 60 Street  
Apt1p

City New York State NY Zip Code 10023

FEC ID number of contributing federal political committee. **C**

Name of Employer Continuum Health Partners Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
04 / 30 / 2013  
Transaction ID : **3632264**

Amount of Each Receipt this Period  
20.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**B. Ms. Lois Chaffee**  
Full Name (Last, First, Middle Initial)

Mailing Address 248 East 7th Street

City New York State NY Zip Code 10009

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 ▼  
0.00

Date of Receipt  
04 / 09 / 2013  
Transaction ID : **3618827**

Amount of Each Receipt this Period  
25.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**C. Anne Chalfant**  
Full Name (Last, First, Middle Initial)

Mailing Address 1908 Del Monte Court

City Walnut Creek State CA Zip Code 94595

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation writer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
04 / 30 / 2013  
Transaction ID : **3632574**

Amount of Each Receipt this Period  
10.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 600 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Christopher Chambers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 437 Irving St NW  
 City Washington State DC Zip Code 20010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Georgetown Occupation Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3632278**  
 Amount of Each Receipt this Period 10.00  
 Kay Hagan Contributions  
**[MEMO ITEM]**  
 MEMO

**B. Ms. Fay M. Chandler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 444 Western Avenue # 4  
 City Brighton State MA Zip Code 02135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation retired artist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3632575**  
 Amount of Each Receipt this Period 1000.00  
 Kay Hagan Contributions  
**[MEMO ITEM]**  
 MEMO

**C. Ms. Holly H. Childs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1126 Reed Valley Rd  
 City Fayetteville State AR Zip Code 72704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer None (retired) Occupation None (retired)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2013  
**Transaction ID : 3628357**  
 Amount of Each Receipt this Period 30.00  
 Kay Hagan Contributions  
**[MEMO ITEM]**  
 MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 601 OF 1350 (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. Dr. David L. Chittenden**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Underhill Rd  
 City Mill Valley State CA Zip Code 94941  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation MD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3632576**  
 Amount of Each Receipt this Period 250.00  
 Kay Hagan Contributions  
**[MEMO ITEM]**  
 MEMO

**B. Ross L. Chomiak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4000 Cathedral Ave NW  
 City Washington State DC Zip Code 20016  
 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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3632459**  
 Amount of Each Receipt this Period 10.00  
 Kay Hagan Contributions  
**[MEMO ITEM]**  
 MEMO

**C. Ms. Jean Christensen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1465 S 2nd St  
 City Louisville State KY Zip Code 40208  
 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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3632460**  
 Amount of Each Receipt this Period 25.00  
 Kay Hagan Contributions  
**[MEMO ITEM]**  
 MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 602 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Madra Christian**  
Full Name (Last, First, Middle Initial)  
Mailing Address 295 Spring Lake Hills Dr  
City Altamonte Springs State FL Zip Code 32714  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation sales  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **0.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632577**  
Amount of Each Receipt this Period **15.00**  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**B. Ms. Christine Coffin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 265 Hilltop Drive  
City Hamilton State MT Zip Code 59840  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation RN  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **0.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3633639**  
Amount of Each Receipt this Period **50.00**  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**C. David Coogan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2599 Dolly Bay Dr  
City Palm Harbor State FL Zip Code 34684  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Healthcare  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **0.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632578**  
Amount of Each Receipt this Period **20.00**  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... **0.00**  
**TOTAL** This Period (last page this line number only).....

**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 603 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Kathy Coombs**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4528 Intelco Loop SE, #160

City Lacey	State WA	Zip Code 98503
---------------	-------------	-------------------

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 ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	08	/	2013

**Transaction ID : 3619511**

Amount of Each Receipt this Period  

50.00
-------

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**B. Laura Cory**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1664 Emerson Street

City Palo Alto	State CA	Zip Code 94301
-------------------	-------------	-------------------

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 ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : 3632348**

Amount of Each Receipt this Period  

25.00
-------

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**C. Ms. Ann Marcus Coulston**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1603 City Lights St.

City Santa Fe	State NM	Zip Code 87507
------------------	-------------	-------------------

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 ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : 3632362**

Amount of Each Receipt this Period  

50.00
-------

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 604 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Bernard Couming**

Mailing Address 32 Camelot Ct

City Stoughton State MA Zip Code 02072

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 ▼ **0.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2013**

**Transaction ID : 3632363**

Amount of Each Receipt this Period  
**5.00**

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)  
**B. Mike Crossman**

Mailing Address 205 Sunset Lot 106

City Sedona State AZ Zip Code 86336

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 ▼ **0.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2013**

**Transaction ID : 3632461**

Amount of Each Receipt this Period  
**5.00**

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)  
**C. Mr. Edwin M. Curley**

Mailing Address 2645 Pin Oak Drive

City Ann Arbor State MI Zip Code 48103

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation author/lecturer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2013**

**Transaction ID : 3632579**

Amount of Each Receipt this Period  
**50.00**

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... **0.00**

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

**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 605 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Arlene Dalton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2112 February Ct  
City San Diego State CA Zip Code 92110  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation MFT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2013  
**Transaction ID : 3632580**  
Amount of Each Receipt this Period  
8.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**B. Kathleen Dashiell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 27035 N, 56th St.  
City Scottsdale State AZ Zip Code 85266  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation attorney  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2013  
**Transaction ID : 3632581**  
Amount of Each Receipt this Period  
5.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**C. Ms. Annick B Davies**  
Full Name (Last, First, Middle Initial)  
Mailing Address 558 East Wesley Rd  
City Atlanta State GA Zip Code 30305  
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 ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2013  
**Transaction ID : 3632565**  
Amount of Each Receipt this Period  
20.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 606 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Mr. Russell J. Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address 1432 Ballindee Dr

City Salisbury State MD Zip Code 21804

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation legal writer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632582**

Amount of Each Receipt this Period 25.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**B. Katie Day**  
Full Name (Last, First, Middle Initial)

Mailing Address 7318 Boyer St.

City Philadelphia State PA Zip Code 19119

FEC ID number of contributing federal political committee. **C**

Name of Employer Lutheran Theological Seminary Occupation Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632304**

Amount of Each Receipt this Period 15.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**c. Ms. Lois Decamp**  
Full Name (Last, First, Middle Initial)

Mailing Address 1416 Olympic Ave

City Edmonds State WA Zip Code 98020

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 ▼ 0.00

Date of Receipt 04 / 09 / 2013  
**Transaction ID : 3619536**

Amount of Each Receipt this Period 100.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 607 OF 1350
	<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. Edgar Demeo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2791 Emerson Street  
 City Palo Alto State CA Zip Code 94306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Renewable Energy Consulting Svcs Occupation consultant  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **0.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632447**  
 Amount of Each Receipt this Period **25.00**  
 Kay Hagan Contributions  
**[MEMO ITEM]**  
 MEMO

**B. Dorothy Dey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address W330s3910 Connemara Drive  
 City Dousman State WI Zip Code 53118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Beck Chaet Bamberger & Polsky SC Occupation attorney  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **0.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632257**  
 Amount of Each Receipt this Period **25.00**  
 Kay Hagan Contributions  
**[MEMO ITEM]**  
 MEMO

**C. David Dickmann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1055 Lafayette Street  
 City Denver State CO Zip Code 80218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Finance  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **0.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632462**  
 Amount of Each Receipt this Period **15.00**  
 Kay Hagan Contributions  
**[MEMO ITEM]**  
 MEMO

**SUBTOTAL** of Receipts This Page (optional)..... **0.00**  
**TOTAL** This Period (last page this line number only).....

**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 608 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ronald Dobbin</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : 3632364</b>
Mailing Address 105 Stateside Drive		Amount of Each Receipt this Period 0.00
City Chapel Hill	State NC	Zip Code 27514
FEC ID number of contributing federal political committee. C		Kay Hagan Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B. Robert Doll</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : 3632316</b>
Mailing Address P. O. Box 1704		Amount of Each Receipt this Period 11.00
City Bellingham	State WA	Zip Code 98227
FEC ID number of contributing federal political committee. C		Kay Hagan Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer None	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Julia A. Dominican</b>		Date of Receipt MM / DD / YYYY 04 / 22 / 2013 <b>Transaction ID : 3627948</b>
Mailing Address 3113 Florence Dr.		Amount of Each Receipt this Period 25.00
City Latham	State NY	Zip Code 12110
FEC ID number of contributing federal political committee. C		Kay Hagan Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 609 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Ms. Janet Dorman**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 West 108th Street, 6a  
6a

City New York State NY Zip Code 10025

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 ▼  
0.00

Date of Receipt  
04 / 30 / 2013  
Transaction ID : **3632463**

Amount of Each Receipt this Period  
20.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**B. Ms. Eugenie Douglas**  
Full Name (Last, First, Middle Initial)

Mailing Address 8338 Verbena Dr.

City Riverside State CA Zip Code 92504

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 ▼  
0.00

Date of Receipt  
04 / 12 / 2013  
Transaction ID : **3621518**

Amount of Each Receipt this Period  
50.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**C. Philip Drumm**  
Full Name (Last, First, Middle Initial)

Mailing Address 427crooks av.B17

City PATERSON State NJ Zip Code 07503

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 ▼  
0.00

Date of Receipt  
04 / 30 / 2013  
Transaction ID : **3632666**

Amount of Each Receipt this Period  
5.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 610 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Cherry Duve</b>		Date of Receipt MM / DD / YYYY 04 / 28 / 2013 <b>Transaction ID : 3631363</b>
Mailing Address 452 Thomas Lane		Amount of Each Receipt this Period 17.00
City Grand Blanc	State MI	Zip Code 48439
FEC ID number of contributing federal political committee. C	Kay Hagan Contributions	
Name of Employer Retired	Occupation Teacher	[MEMO ITEM] MEMO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Anne H. Ehrlich</b>		Date of Receipt MM / DD / YYYY 04 / 17 / 2013 <b>Transaction ID : 3624035</b>
Mailing Address 371 Serra Mall		Amount of Each Receipt this Period 75.00
City Stanford	State CA	Zip Code 94305
FEC ID number of contributing federal political committee. C	Kay Hagan Contributions	
Name of Employer Stanford University	Occupation SR RESEARCH SCIENTIST	[MEMO ITEM] MEMO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C. Dan Elder</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : 3632435</b>
Mailing Address 2614 Robinson St.		Amount of Each Receipt this Period 15.00
City Redondo Beach	State CA	Zip Code 90278
FEC ID number of contributing federal political committee. C	Kay Hagan Contributions	
Name of Employer Novacoast	Occupation Engineer	[MEMO ITEM] MEMO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 611 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Elizabeth Eliades**  
Full Name (Last, First, Middle Initial)

Mailing Address 8 Kirk Terrace

City Wayne State NJ Zip Code 07470

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Unemployed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632365**

Amount of Each Receipt this Period 5.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**B. Ms. Sherrill Ellis**  
Full Name (Last, First, Middle Initial)

Mailing Address 7 West Park Ave  
New Haven

City New Haven State CT Zip Code 06511

FEC ID number of contributing federal political committee. **C**

Name of Employer SoCTS Occupation Speech Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 08 / 2013  
**Transaction ID : 3619493**

Amount of Each Receipt this Period 25.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**C. Ms. Dorothy Engelman**  
Full Name (Last, First, Middle Initial)

Mailing Address 875 Rio Virgin Dr

City St. George State UT Zip Code 84790

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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632464**

Amount of Each Receipt this Period 10.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 612 OF 1350 (check only one)
<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

**A. Andrea English**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4724 Shade Tree Ln.  
City Santa Rosa State CA Zip Code 95405  
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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632465**  
Amount of Each Receipt this Period 25.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**B. Karen Everhart**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4706 Cromwell Ct NW  
City Acworth State GA Zip Code 30102  
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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632466**  
Amount of Each Receipt this Period 10.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**c. Ms. Joyce Faber**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1220 Cypress Point Ln  
City Ventura State CA Zip Code 93003  
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 ▼ 0.00

Date of Receipt 04 / 12 / 2013  
**Transaction ID : 3621516**  
Amount of Each Receipt this Period 50.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 613 OF 1350
	<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**

Full Name (Last, First, Middle Initial) <b>A. Lawrence Fallon</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : 3632249</b>
Mailing Address 3810 Executive Ave		Amount of Each Receipt this Period 0.00
City Alexandria	State VA	Zip Code 22305
FEC ID number of contributing federal political committee. C		Kay Hagan Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer APS	Occupation ITC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Carole Ferguson</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : 3632441</b>
Mailing Address 43 Hancock Street		Amount of Each Receipt this Period 20.00
City Lexington	State MA	Zip Code 02420
FEC ID number of contributing federal political committee. C		Kay Hagan Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Reach Out and Read	Occupation Pediatric Nurse Practitioner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C. Michael Feroah</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : 3632637</b>
Mailing Address 1234 Plaza Del Monte		Amount of Each Receipt this Period 50.00
City Santa Barbara	State CA	Zip Code 93101
FEC ID number of contributing federal political committee. C		Kay Hagan Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer self employed	Occupation software development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 614 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Kathy Filatreau**  
Full Name (Last, First, Middle Initial)

Mailing Address 10832 Glencannon Drive

City Whittier State CA Zip Code 90606

FEC ID number of contributing federal political committee. **C**

Name of Employer Whittier College Occupation Instructional Technologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632702**

Amount of Each Receipt this Period  
 10.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**B. Frank Filippi**  
Full Name (Last, First, Middle Initial)

Mailing Address 1048-59th Street Apt5

City Brooklyn State NY Zip Code 11219

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation unemployed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632366**

Amount of Each Receipt this Period  
 25.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**C. Ms. Catherine W Finn**  
Full Name (Last, First, Middle Initial)

Mailing Address 2761 James River Rd

City Howardsville State VA Zip Code 24562

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Writer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632583**

Amount of Each Receipt this Period  
 100.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 615 OF 1350
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. Dr. Jacqueline Fischer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15205 Watergate Rd  
City Silver Spring State MD Zip Code 20905  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Naval Research Laboratory Occupation astrophysicist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632354**  
Amount of Each Receipt this Period 25.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**B. Ms. Helen Ryan Fischer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2110 Eaglerock Dr.  
City Houston State TX Zip Code 77080  
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 ▼ 0.00

Date of Receipt 04 / 29 / 2013  
**Transaction ID : 3631857**  
Amount of Each Receipt this Period 100.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**C. Margaret Fishman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3562 Macomb St., NW  
City Washington State DC Zip Code 20016  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation ARTIST  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632584**  
Amount of Each Receipt this Period 25.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 616 OF 1350
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Jessica Fishman**

Mailing Address 439 S. 44th St

City State Zip Code  
Phila PA 19104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
U Penn scientist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 3632678**

Amount of Each Receipt this Period  
50.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)  
**B. Douglas Fitzgerald**

Mailing Address 2362 Ga Hwy 26 W

City State Zip Code  
Oglethorpe GA 31068

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
none unemployed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 3632367**

Amount of Each Receipt this Period  
5.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)  
**C. Dr. Jan L Flora**

Mailing Address 1902 George Allen Ave.

City State Zip Code  
Ames IA 50010

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Iowa State University sociologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 3632291**

Amount of Each Receipt this Period  
50.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶



**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 617 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Helen Winkler Fosdick**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5015 Blossom St.  
City Houston State TX Zip Code 77007  
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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632467**  
Amount of Each Receipt this Period 6.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**B. Anna Kay France**  
Full Name (Last, First, Middle Initial)  
Mailing Address 27 Brantford Place  
City Buffalo State NY Zip Code 14222  
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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632368**  
Amount of Each Receipt this Period 15.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**C. Sandi Freinberg**  
Full Name (Last, First, Middle Initial)  
Mailing Address 128 Greenmeadow Drive  
City Deer Park State NY Zip Code 11729  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Henry Schein Inc. Occupation Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632286**  
Amount of Each Receipt this Period 15.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 618 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Janet Frost</b>		Date of Receipt MM / DD / YYYY 04 / 13 / 2013 <b>Transaction ID : 3621402</b>
Mailing Address 136 W 24th Ave		Amount of Each Receipt this Period 0.00
City Spokane	State WA	Zip Code 99203
FEC ID number of contributing federal political committee. C	Name of Employer Washington State University	Occupation professor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	Kay Hagan Contributions <b>[MEMO ITEM]</b> MEMO

Full Name (Last, First, Middle Initial) <b>B. Ms. Ina Gadd</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : 3632585</b>
Mailing Address 305 E. 24 St. - 9A		Amount of Each Receipt this Period 10.00
City New York	State NY	Zip Code 10010
FEC ID number of contributing federal political committee. C	Name of Employer Self	Occupation Psychoanalyst
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	Kay Hagan Contributions <b>[MEMO ITEM]</b> MEMO

Full Name (Last, First, Middle Initial) <b>C. Ms. Judith T. Galloway</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : 3632468</b>
Mailing Address 15715 River Road		Amount of Each Receipt this Period 50.00
City Darnestown	State MD	Zip Code 20874
FEC ID number of contributing federal political committee. C	Name of Employer None	Occupation Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	Kay Hagan Contributions <b>[MEMO ITEM]</b> MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 619 OF 1350
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Judith Gans</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013
Mailing Address 3631 E Roger Rd		<b>Transaction ID : 3632688</b>
City Tucson	State AZ	Zip Code 85718
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 200.00
Name of Employer University of Arizona	Occupation Researcher	Kay Hagan Contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO

Full Name (Last, First, Middle Initial) <b>B. Grace Garcia</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013
Mailing Address 4330 Bull Creek Rd. #3105		<b>Transaction ID : 3632247</b>
City Austin	State TX	Zip Code 78731
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer Annie's List	Occupation Executive Director	Kay Hagan Contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO

Full Name (Last, First, Middle Initial) <b>C. Joi Gibson</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013
Mailing Address 4641 Perth Road		<b>Transaction ID : 3632308</b>
City West Palm Beach	State FL	Zip Code 33415
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 5.00
Name of Employer Mierzwa & Associates, P.A.	Occupation Legal Secretary	Kay Hagan Contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 620 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Mr. Robert Gibson**  
Full Name (Last, First, Middle Initial)

Mailing Address 5009 Prestwick Dr.

City State Zip Code  
Fairfax VA 22030

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
not employed not employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
04 / 30 / 2013  
**Transaction ID : 3632433**

Amount of Each Receipt this Period  
50.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**B. Ms. Betty H. Giffin**  
Full Name (Last, First, Middle Initial)

Mailing Address 3505 Lakeview Dr Apt. 209

City State Zip Code  
Hazel Crst IL 60429

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
REQUESTED REQUESTED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
04 / 08 / 2013  
**Transaction ID : 3619505**

Amount of Each Receipt this Period  
20.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**C. Kenneth Gladden**  
Full Name (Last, First, Middle Initial)

Mailing Address 1425 Broadway  
Pmb41

City State Zip Code  
Seattle WA 98122

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
04 / 30 / 2013  
**Transaction ID : 3632449**

Amount of Each Receipt this Period  
100.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 621 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Nancy Goldstein**

Mailing Address 1312 N Leavitt #3

City Chicago      State IL      Zip Code 60622

FEC ID number of contributing federal political committee. **C**

Name of Employer Compass(x) Strategy      Occupation Consultant

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 20 / 2013**

**Transaction ID : 3626574**

Amount of Each Receipt this Period  
**12.00**

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)  
**B. Dale Goldstein**

Mailing Address 50 Constable Lane

City Levittown      State NY      Zip Code 11756

FEC ID number of contributing federal political committee. **C**

Name of Employer NYS OCFS      Occupation day care Licensor

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2013**

**Transaction ID : 3632437**

Amount of Each Receipt this Period  
**5.00**

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)  
**C. Ms. Anne Goldstein**

Mailing Address Po Box 920

City Belchertown      State MA      Zip Code 01007

FEC ID number of contributing federal political committee. **C**

Name of Employer WNE University      Occupation professor of law

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 27 / 2013**

**Transaction ID : 3631210**

Amount of Each Receipt this Period  
**50.00**

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **0.00**

**TOTAL** This Period (last page this line number only)..... ▶

**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 622 OF 1350
	<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. William Gorman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5555 Sheridan Rd  
 City Chicago State IL Zip Code 60640  
 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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632469**  
 Amount of Each Receipt this Period 10.00  
 Kay Hagan Contributions  
**[MEMO ITEM]**  
 MEMO

**B. Joan Gotti**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17 Robin Road  
 City Rumson State NJ Zip Code 07760  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer none Occupation none  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632369**  
 Amount of Each Receipt this Period 15.00  
 Kay Hagan Contributions  
**[MEMO ITEM]**  
 MEMO

**C. Patricia H. Gotway**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5225 N New Jersey St  
 City Indianapolis State IN Zip Code 46220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MTCA Occupation accountant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632310**  
 Amount of Each Receipt this Period 8.00  
 Kay Hagan Contributions  
**[MEMO ITEM]**  
 MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 623 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Lee Ann Grace</b>		Date of Receipt MM / DD / YYYY 04 / 15 / 2013
Mailing Address 168 Huntley Road		<b>Transaction ID : 3621868</b>
City Buffalo	State NY	Zip Code 14215
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer SUNY Buffalo State	Occupation Associate Professor Emerita	Kay Hagan Contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO

Full Name (Last, First, Middle Initial) <b>B. Ms. Sharon Lee Grant</b>		Date of Receipt MM / DD / YYYY 04 / 10 / 2013
Mailing Address 300 Columbia Point Drive, #H-131		<b>Transaction ID : 3620107</b>
City Richland	State WA	Zip Code 99352
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer None	Occupation Retired	Kay Hagan Contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO

Full Name (Last, First, Middle Initial) <b>C. Susan Gray</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013
Mailing Address 69 Lincoln Ave		<b>Transaction ID : 3632644</b>
City Hastings On Hudson	State NY	Zip Code 10706
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 16.00	
Name of Employer self-employed	Occupation speech pathologist	Kay Hagan Contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 624 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Ms. Margaret Grubbs**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1382 Newtown Langhorne Rd.  
#M-05  
City Newtown State PA Zip Code 18940  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Artist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 0.00

Date of Receipt **04 / 18 / 2013**  
**Transaction ID : 3625468**  
Amount of Each Receipt this Period **50.00**  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**B. Mr. George Grunwald**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1196 Grove Circle  
City Benicia State CA Zip Code 94510  
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 0.00

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632370**  
Amount of Each Receipt this Period **16.00**  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**C. Mary Haak**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9903 E. Sunburst Drive  
City Sun Lakes State AZ Zip Code 85248  
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 0.00

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632371**  
Amount of Each Receipt this Period **50.00**  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... **0.00**  
**TOTAL** This Period (last page this line number only).....



**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 625 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Francy Hall**  
Full Name (Last, First, Middle Initial)  
Mailing Address 557 Ridge Rd.  
City Owatonna State MN Zip Code 55060  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation unemployed  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632586**  
Amount of Each Receipt this Period 15.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**B. Lesley Hallick**  
Full Name (Last, First, Middle Initial)  
Mailing Address 52142 Lake Dr.  
City Scappoose State OR Zip Code 97056  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific University Occupation University Administrator  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632439**  
Amount of Each Receipt this Period 100.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**c. Paul Hamburg**  
Full Name (Last, First, Middle Initial)  
Mailing Address 90 Risley Road  
City Chestnut Hill State MA Zip Code 02467  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation professional translator  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632587**  
Amount of Each Receipt this Period 5.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 626 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Patricia Hanan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 19 Benjamin Hill Rd  
City Newfield State NY Zip Code 14867  
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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632470**  
Amount of Each Receipt this Period 5.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**B. Frederick Handrich**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14 Puesta Del Sol  
City Placitas State NM Zip Code 87043  
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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632471**  
Amount of Each Receipt this Period 5.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**C. Ms. Susan A. Harvey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 43 Sudbury Rd  
City Ashland State MA Zip Code 01721  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Boston University Occupation Non-profit Marketing  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 21 / 2013  
**Transaction ID : 3626667**  
Amount of Each Receipt this Period 50.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 627 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Ms. Laura Haule**  
Full Name (Last, First, Middle Initial)  
Mailing Address 30702 McCormick Ln  
City Warrenville State IL Zip Code 60555  
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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632372**  
Amount of Each Receipt this Period 25.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**B. Ms. Nancy M. Hay**  
Full Name (Last, First, Middle Initial)  
Mailing Address 341 Harbor View Avenue  
City Pismo Beach State CA Zip Code 93449  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation PSYCHOLOGIST  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632704**  
Amount of Each Receipt this Period 25.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**C. Ms. Nancy M. Hay**  
Full Name (Last, First, Middle Initial)  
Mailing Address 341 Harbor View Avenue  
City Pismo Beach State CA Zip Code 93449  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation PSYCHOLOGIST  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632705**  
Amount of Each Receipt this Period 25.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 628 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Ms. Andrea Hazlitt**  
Full Name (Last, First, Middle Initial)

Mailing Address 110 Wedgewood

City Lake Jackson State TX Zip Code 77566

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632472**

Amount of Each Receipt this Period  
 30.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**B. Ms. Lindsey G. Hedrick**  
Full Name (Last, First, Middle Initial)

Mailing Address 150 OceanGreens Lane

City Caswell Beach State NC Zip Code 28465

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2013

**Transaction ID : 3626663**

Amount of Each Receipt this Period  
 100.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**C. Anna Helisek**  
Full Name (Last, First, Middle Initial)

Mailing Address 20 Devon Blvd.

City Binghamton State NY Zip Code 13903

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 11 / 2013

**Transaction ID : 3620231**

Amount of Each Receipt this Period  
 50.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 629 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Bill Helwig**  
Full Name (Last, First, Middle Initial)

Mailing Address 10801 Lagrima De Oro Rd NE  
Apt 876

City Albuquerque State NM Zip Code 87111

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 ▼ 0.00

Date of Receipt  
04 / 30 / 2013  
Transaction ID : 3632473

Amount of Each Receipt this Period  
50.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**B. William Henderson**  
Full Name (Last, First, Middle Initial)

Mailing Address 2908 Green Grove Ln NE

City Tuscaloosa State AL Zip Code 35404

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 ▼ 0.00

Date of Receipt  
04 / 30 / 2013  
Transaction ID : 3632474

Amount of Each Receipt this Period  
10.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**C. Ms. Ann Chase Hendrie**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 Warren's Point Rd.

City Little Compton State RI Zip Code 02837

FEC ID number of contributing federal political committee. **C**

Name of Employer Foundry Bookstore Occupation bookseller

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
04 / 30 / 2013  
Transaction ID : 3632272

Amount of Each Receipt this Period  
50.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 630 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Peter Heymann**  
Full Name (Last, First, Middle Initial)  
Mailing Address 280 Maiden Lane E  
City Seattle State WA Zip Code 98112  
FEC ID number of contributing federal political committee. **C**  
Name of Employer father, volunteer, consultant Occupation na  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **0.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632270**  
Amount of Each Receipt this Period **20.00**  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**B. Theodora Hill**  
Full Name (Last, First, Middle Initial)  
Mailing Address 95 Skidaway Island Park Rd. Unit 34  
City Savannah State GA Zip Code 31411  
FEC ID number of contributing federal political committee. **C**  
Name of Employer none Occupation not employed  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **0.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632373**  
Amount of Each Receipt this Period **50.00**  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**C. Ms. Debbie L. Hill**  
Full Name (Last, First, Middle Initial)  
Mailing Address 176 West King St.  
City Hillsborough State NC Zip Code 27278  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation psychotherapist  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **0.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632588**  
Amount of Each Receipt this Period **100.00**  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... **0.00**  
**TOTAL** This Period (last page this line number only).....

**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 631 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Stanley Hills**

Mailing Address 5001 SW 65 Ave

City Miami State FL Zip Code 33155

FEC ID number of contributing federal political committee. **C**

Name of Employer Miami-Dade County Occupation Firefighter

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013

**Transaction ID : 3632306**

Amount of Each Receipt this Period 20.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)  
**B. Mrs. Maria Hobbs**

Mailing Address 30 Mount Tenaya DR

City San Rafael State CA Zip Code 94903

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 ▼ 0.00

Date of Receipt 04 / 19 / 2013

**Transaction ID : 3625704**

Amount of Each Receipt this Period 30.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)  
**C. Mrs. Kathleen P Hoffmann**

Mailing Address 6506 Mebane Oaks Rd

City Mebane State NC Zip Code 27302

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 ▼ 0.00

Date of Receipt 04 / 30 / 2013

**Transaction ID : 3632374**

Amount of Each Receipt this Period 50.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 632 OF 1350 (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**

Full Name (Last, First, Middle Initial) <b>A. Meredith Holley-Miers</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : 3632277</b>
Mailing Address 635 Emerson St NW		Amount of Each Receipt this Period 15.00
City Washington      State DC      Zip Code 20011	FEC ID number of contributing federal political committee. C	Kay Hagan Contributions
Name of Employer GEICO	Occupation Software developer	<b>[MEMO ITEM]</b> MEMO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B. Sarah Hood</b>		Date of Receipt MM / DD / YYYY 04 / 08 / 2013 <b>Transaction ID : 3618378</b>
Mailing Address 400 Duboce Ave #415		Amount of Each Receipt this Period 10.00
City San Francisco      State CA      Zip Code 94117	FEC ID number of contributing federal political committee. C	Kay Hagan Contributions
Name of Employer Jackson River	Occupation WebDev	<b>[MEMO ITEM]</b> MEMO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C. Sarah Hood</b>		Date of Receipt MM / DD / YYYY 04 / 08 / 2013 <b>Transaction ID : 3618379</b>
Mailing Address 400 Duboce Ave #415		Amount of Each Receipt this Period 10.00
City San Francisco      State CA      Zip Code 94117	FEC ID number of contributing federal political committee. C	Kay Hagan Contributions
Name of Employer Jackson River	Occupation WebDev	<b>[MEMO ITEM]</b> MEMO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 633 OF 1350
<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**

Full Name (Last, First, Middle Initial)  
**A. Sarah Hood**

Mailing Address 400 Duboce Ave #415

City San Francisco State CA Zip Code 94117

FEC ID number of contributing federal political committee. **C**

Name of Employer Jackson River Occupation WebDev

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 08 / 2013**

**Transaction ID : 3618380**

Amount of Each Receipt this Period  
**10.00**

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)  
**B. Dr. Leslie Horst**

Mailing Address 41 Hall Avenue

City Watertown State MA Zip Code 02472

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2013**

**Transaction ID : 3632645**

Amount of Each Receipt this Period  
**5.00**

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)  
**C. Ms. Dana L. Howell**

Mailing Address Box 1003

City Ketchum State ID Zip Code 83340

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 ▼ **0.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2013**

**Transaction ID : 3632475**

Amount of Each Receipt this Period  
**25.00**

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **0.00**

**TOTAL** This Period (last page this line number only)..... ▶

**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 634 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Mr. Thomas W. Hungerford**  
Full Name (Last, First, Middle Initial)

Mailing Address 946 Chesterfield Villas Cir

City Chesterfield State MO Zip Code 63017

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 ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
04 / 09 / 2013

**Transaction ID : 3619533**

Amount of Each Receipt this Period  
100.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**B. Ms. Betty Cochran Hunt**  
Full Name (Last, First, Middle Initial)

Mailing Address 117 Shadylane Court

City Roseville State CA Zip Code 95747

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 ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
04 / 23 / 2013

**Transaction ID : 3628355**

Amount of Each Receipt this Period  
35.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**C. Amy Isseroff**  
Full Name (Last, First, Middle Initial)

Mailing Address 15 Lewis Rd

City Irvington State NY Zip Code 10533

FEC ID number of contributing federal political committee. **C**

Name of Employer wachtell, lipton, rosen & katz Occupation attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : 3632698**

Amount of Each Receipt this Period  
50.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 635 OF 1350
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Cynthia Jackson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7019 Corte Rosa

City Pleasanton	State CA	Zip Code 94566
--------------------	-------------	-------------------

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 ▼  
0.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		30		2013

**Transaction ID : 3632476**

Amount of Each Receipt this Period  

5.00
------

Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**B. Deanna Jancsek**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1645 Kearney Drive

City North Brunswick	State NJ	Zip Code 08902
-------------------------	-------------	-------------------

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 ▼  
0.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		30		2013

**Transaction ID : 3632477**

Amount of Each Receipt this Period  

10.00
-------

Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**C. Ms. Anita Jensen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8526 Alexis DR

City Macedonia	State OH	Zip Code 44056
-------------------	-------------	-------------------

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 ▼  
0.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		30		2013

**Transaction ID : 3632375**

Amount of Each Receipt this Period  

5.00
------

Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 636 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Mr. Robert Johnson**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2497

City charlottesville State VA Zip Code 22902

FEC ID number of contributing federal political committee. **C**

Name of Employer u of virginia Occupation professor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632676**

Amount of Each Receipt this Period  
 25.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**B. Ms. Joan S. Johnson**  
Full Name (Last, First, Middle Initial)

Mailing Address 4109 Pecunnie Way

City Louisville State KY Zip Code 40218

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 26 / 2013

**Transaction ID : 3631838**

Amount of Each Receipt this Period  
 25.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**C. Ms. Susan C. Jones**  
Full Name (Last, First, Middle Initial)

Mailing Address 360 Edgemere Place

City Oberlin State OH Zip Code 44074

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation artist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632589**

Amount of Each Receipt this Period  
 50.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 637 OF 1350
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Paul Joy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5108 Syracuse Rd.  
City Cheyenne State WY Zip Code 82009  
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 **0.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632376**  
Amount of Each Receipt this Period **15.00**  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**B. Judith Joyce**  
Full Name (Last, First, Middle Initial)  
Mailing Address 146 1/2 Garden St  
City Prescott State AZ Zip Code 86305  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Life/Business Coach  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **0.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632590**  
Amount of Each Receipt this Period **5.00**  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**C. Mr. Steven Jung**  
Full Name (Last, First, Middle Initial)  
Mailing Address 91 Coastline Drive Apt 105  
City Olga State WA Zip Code 98279  
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 **0.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632478**  
Amount of Each Receipt this Period **50.00**  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... **0.00**  
**TOTAL** This Period (last page this line number only).....

**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 638 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Mr. Jeannette D. Kahlenberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 900 University St Apt 903  
 City Seattle State WA Zip Code 98101  
 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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632479**  
 Amount of Each Receipt this Period 100.00  
 Kay Hagan Contributions  
**[MEMO ITEM]**  
 MEMO

**B. Ms. Joyce Ellen Kaiser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 Grove Isle Dr Apt 1809  
 City Coconut Grove State FL Zip Code 33133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation ARTIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 29 / 2013  
**Transaction ID : 3633623**  
 Amount of Each Receipt this Period 20.00  
 Kay Hagan Contributions  
**[MEMO ITEM]**  
 MEMO

**C. Daniel Kasper**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 111  
 City West Stockbridge State MA Zip Code 01266  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self employed Occupation Economic consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632638**  
 Amount of Each Receipt this Period 50.00  
 Kay Hagan Contributions  
**[MEMO ITEM]**  
 MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

# 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 639 OF 1350
<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. Dreama Kattenbraker**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 126

City Fincastle	State VA	Zip Code 24090
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation artist
-----------------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2013**

**Transaction ID : 3632646**

Amount of Each Receipt this Period  
**20.00**

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**B. Ms. Cecily Keating**  
Full Name (Last, First, Middle Initial)  
Mailing Address 150 West 79th Street, Apt. 8D

City New York	State NY	Zip Code 10024
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Consultant
--------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2013**

**Transaction ID : 3632591**

Amount of Each Receipt this Period  
**75.00**

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**C. Ms. Marilyn Breen Kelley**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2608 Butler Drive

City Norman	State OK	Zip Code 73069
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Oklahoma	Occupation PROFESSOR
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 26 / 2013**

**Transaction ID : 3631839**

Amount of Each Receipt this Period  
**15.00**

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 640 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Amy Kesselman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 107 Nash Street  
City New Haven State CT Zip Code 06511  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SUNY New Paltz Occupation Retired Professor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 08 / 2013  
**Transaction ID : 3619491**  
Amount of Each Receipt this Period 25.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**B. Ms. Lesley T. Ketzl**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4407 Quail Pointe RD  
City Lawrence State KS Zip Code 66047  
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 ▼ 0.00

Date of Receipt 04 / 22 / 2013  
**Transaction ID : 3627950**  
Amount of Each Receipt this Period 50.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**C. Ms. Charlotte L. Kiffer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1420 N Mweridian Rd #106  
City Tallahassee State FL Zip Code 32303  
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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632480**  
Amount of Each Receipt this Period 7.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 641 OF 1350
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Ms. Virginia L. King**

Mailing Address 1281 Bel Air Dr

City State Zip Code  
Santa Barbara CA 93105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
REQUESTED Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 17 / 2013

**Transaction ID : 3624015**

Amount of Each Receipt this Period  
50.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)  
**B. Ms. Verla R. Kwiram**

Mailing Address 825 NW 197th St

City State Zip Code  
Shoreline WA 98177

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Business

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 3632592**

Amount of Each Receipt this Period  
50.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)  
**C. Ms. Ann Evans Larimore**

Mailing Address 916 Olivia Ave

City State Zip Code  
Ann Arbor MI 48104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
REQUESTED Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 12 / 2013

**Transaction ID : 3621515**

Amount of Each Receipt this Period  
1000.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 642 OF 1350 (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**

Full Name (Last, First, Middle Initial) <b>A. Ms. Sue S. Larsen</b>		Date of Receipt MM / DD / YYYY 04 / 08 / 2013 <b>Transaction ID : 3619508</b>
Mailing Address 194 Edgewood DR		Amount of Each Receipt this Period 50.00
City Averill Park	State NY	Zip Code 12018
FEC ID number of contributing federal political committee. C		Kay Hagan Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer REQUESTED	Occupation REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B. Lannon Leiman</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : 3632317</b>
Mailing Address 1 Twain Ave.		Amount of Each Receipt this Period 10.00
City Berkeley	State CA	Zip Code 94708
FEC ID number of contributing federal political committee. C		Kay Hagan Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Barbara A. Leitner</b>		Date of Receipt MM / DD / YYYY 04 / 19 / 2013 <b>Transaction ID : 3625703</b>
Mailing Address 7126 W Adler St		Amount of Each Receipt this Period 20.00
City Milwaukee	State WI	Zip Code 53214
FEC ID number of contributing federal political committee. C		Kay Hagan Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer REQUESTED	Occupation Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 643 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Mrs. Margaret Ebbert Lewis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 756 Harbor IS  
 City Clearwater State FL Zip Code 33767  
 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 **0.00**

Date of Receipt **04 / 08 / 2013**  
**Transaction ID : 3619510**  
 Amount of Each Receipt this Period **100.00**  
 Kay Hagan Contributions  
**[MEMO ITEM]**  
 MEMO

**B. David Lilienthal**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1796 Main Street  
 City East Dennis State MA Zip Code 02641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation writer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **0.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632593**  
 Amount of Each Receipt this Period **25.00**  
 Kay Hagan Contributions  
**[MEMO ITEM]**  
 MEMO

**C. Mr. Gregory Lines**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 171 West St  
 City Saint Helens State OR Zip Code 97051  
 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 **0.00**

Date of Receipt **04 / 29 / 2013**  
**Transaction ID : 3633624**  
 Amount of Each Receipt this Period **100.00**  
 Kay Hagan Contributions  
**[MEMO ITEM]**  
 MEMO

**SUBTOTAL** of Receipts This Page (optional)..... **0.00**  
**TOTAL** This Period (last page this line number only).....

**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 644 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Ms. Melissa E. Little**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6300 Creedmoor Rd., Ste 170, #  
 City Raleigh State NC Zip Code 27612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Credit Risk Management, LLC Occupation Attorney/Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632266**  
 Amount of Each Receipt this Period 33.00  
 Kay Hagan Contributions  
**[MEMO ITEM]**  
 MEMO

**B. Ms. Katherine S. Lobach**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 238 Kensington Oval  
 City New Rochelle State NY Zip Code 10805  
 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 ▼ 0.00

Date of Receipt 04 / 19 / 2013  
**Transaction ID : 3626418**  
 Amount of Each Receipt this Period 100.00  
 Kay Hagan Contributions  
**[MEMO ITEM]**  
 MEMO

**C. Mr. Jakob R. Loewenberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4336 N Sheffield  
 City Shorewood State WI Zip Code 53211  
 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 ▼ 0.00

Date of Receipt 04 / 14 / 2013  
**Transaction ID : 3621511**  
 Amount of Each Receipt this Period 20.00  
 Kay Hagan Contributions  
**[MEMO ITEM]**  
 MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 645 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Celeste Loft**  
Full Name (Last, First, Middle Initial)  
Mailing Address 258 New York Avenue  
City Brooklyn State NY Zip Code 11216  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Freelance Occupation: Stay at home mom/Makeup artist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 0.00

Date of Receipt: 04 / 30 / 2013  
**Transaction ID : 3632274**  
Amount of Each Receipt this Period: 10.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**B. Kym Long-Wallace**  
Full Name (Last, First, Middle Initial)  
Mailing Address 108 Sugar Mill Court  
City Summerville State NC Zip Code 29485  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: college of charleston Occupation: adjunct faculty  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 0.00

Date of Receipt: 04 / 30 / 2013  
**Transaction ID : 3632263**  
Amount of Each Receipt this Period: 10.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**C. Mr. John Lorand**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1351 Tomah Dr  
City Mount Pleasant State MI Zip Code 48858  
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 0.00

Date of Receipt: 04 / 30 / 2013  
**Transaction ID : 3632481**  
Amount of Each Receipt this Period: 10.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 646 OF 1350
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. Mrs. Julie G. Lowenberg**  
Full Name (Last, First, Middle Initial)

Mailing Address 5321 Drane Drive

City Dallas State TX Zip Code 75209

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2013

**Transaction ID : 3619496**

Amount of Each Receipt this Period  
 50.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**B. Paula Lynch**  
Full Name (Last, First, Middle Initial)

Mailing Address 20 Newell Road

City Cranston State RI Zip Code 02910

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632482**

Amount of Each Receipt this Period  
 25.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**C. Ms. Jane H. Maddock**  
Full Name (Last, First, Middle Initial)

Mailing Address P,O, Box 1386

City Dillon State MT Zip Code 59725

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632430**

Amount of Each Receipt this Period  
 5.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 647 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Allen Magruder**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10636 Arundel Avenue  
City Las Vegas State NV Zip Code 89135  
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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632483**  
Amount of Each Receipt this Period 5.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**B. Ms. Rose Marie Manak**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1316 W Fargo Ave  
City Chicago State IL Zip Code 60626  
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 ▼ 0.00

Date of Receipt 04 / 10 / 2013  
**Transaction ID : 3620105**  
Amount of Each Receipt this Period 25.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**C. Ms. Doris Manock**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1045 E. Swift Avenue  
City Fresno State CA Zip Code 93704  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Fresno City College Occupation ACADEMIC COUNSELOR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 09 / 2013  
**Transaction ID : 3619535**  
Amount of Each Receipt this Period 100.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 648 OF 1350
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Linda Marion**  
Full Name (Last, First, Middle Initial)  
Mailing Address 556 Kingsley Ave  
City Palo Alto State CA Zip Code 94301  
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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632377**  
Amount of Each Receipt this Period 25.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**B. Ms. Vicki Marshall**  
Full Name (Last, First, Middle Initial)  
Mailing Address 135 W Hines Hill Rd  
City Hudson State OH Zip Code 44236  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Lpl financial Occupation Inv advisor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632302**  
Amount of Each Receipt this Period 33.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**C. Linda Martens**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1034 Belleforte  
City Oak Park State IL Zip Code 60302  
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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632484**  
Amount of Each Receipt this Period 25.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶



**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 649 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Cynthia McCabe**

Mailing Address 1715 11th St

City Los Osos State CA Zip Code 93402

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation massage therapist/yoga teacher

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : 3632594**

Amount of Each Receipt this Period **10.00**

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)  
**B. Donna McCaffrey**

Mailing Address 14751 Timberlake Court

City Spring Lake State MI Zip Code 49456

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation none

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : 3632378**

Amount of Each Receipt this Period **25.00**

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)  
**C. Dr. Judith S. McCleary**

Mailing Address 2680 Natoma Street

City Miami State FL Zip Code 33133

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Psychologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt **04 / 15 / 2013**

**Transaction ID : 3623357**

Amount of Each Receipt this Period **100.00**

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... **0.00**

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

**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 650 OF 1350
	<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. Robert McCullough**  
Full Name (Last, First, Middle Initial)

Mailing Address 781 South High Street

City State Zip Code  
Denver CO 80209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : 3632485**

Amount of Each Receipt this Period  
15.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**B. Anthea McGoldrick**  
Full Name (Last, First, Middle Initial)

Mailing Address 240 4th Avenue

City State Zip Code  
San Francisco CA 94118

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : 3632486**

Amount of Each Receipt this Period  
25.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**c. Ms. Jane Tucker McHugh**  
Full Name (Last, First, Middle Initial)

Mailing Address 3580 Shaw Ave Apt 230

City State Zip Code  
Cincinnati OH 45208

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
REQUESTED Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
MM / DD / YYYY  
04 / 19 / 2013

**Transaction ID : 3625702**

Amount of Each Receipt this Period  
100.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 651 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Alain Mei**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2904 Kauhale St.  
City Kihei State HI Zip Code 96753  
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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632318**  
Amount of Each Receipt this Period 15.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**B. Ms. Carol Mendenhall**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6703 E Sugarloaf St  
City Mesa State AZ Zip Code 85215  
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 ▼ 0.00

Date of Receipt 04 / 09 / 2013  
**Transaction ID : 3619534**  
Amount of Each Receipt this Period 50.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**C. Suzanne Mendez**  
Full Name (Last, First, Middle Initial)  
Mailing Address 526 Pettis Ave  
City Mountain View State CA Zip Code 94041  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Santa Clara County Occupation pediatrician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632570**  
Amount of Each Receipt this Period 5.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 652 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Hugh Merriman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10931 N.E. South Beach Drive  
City Bainbridge Island State WA Zip Code 98110  
FEC ID number of contributing federal political committee. **C**  
Name of Employer retired Occupation investor  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **0.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632487**  
Amount of Each Receipt this Period **33.00**  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**B. Kathryn Mesner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2524 28th Street  
City Central City State NE Zip Code 68826  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Attorney  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **0.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632595**  
Amount of Each Receipt this Period **50.00**  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**C. Jim Metropoulos**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14 Haytown Road  
City Lebanon State NJ Zip Code 08833  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Rearden Health Partners Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **0.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632445**  
Amount of Each Receipt this Period **100.00**  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... **0.00**  
**TOTAL** This Period (last page this line number only).....

**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 653 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Frances Milberg**

Mailing Address 150 E 56th Sr

City State Zip Code  
Ny NY 10022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Lawyer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 3632319**

Amount of Each Receipt this Period  
16.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)  
**B. Mrs. Sally H. Mitchell**

Mailing Address 1400 New Castle St

City State Zip Code  
Beaufort SC 29902

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 21 / 2013

**Transaction ID : 3626665**

Amount of Each Receipt this Period  
100.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)  
**C. Mrs. Virginia L. Mithoff**

Mailing Address 2930 Lazy Lane Blvd.

City State Zip Code  
Houston TX 77019

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
REQUESTED Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 12 / 2013

**Transaction ID : 3621513**

Amount of Each Receipt this Period  
250.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 654 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)  
**A. Ms. Alene Moris**

Mailing Address 900 Univerisy St

City State Zip Code  
Seattle WA 98101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632346**

Amount of Each Receipt this Period  
50.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)  
**B. Robert Morris**

Mailing Address 106 Reton Ct

City State Zip Code  
Cary NC 27513

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Intersil Corp test engineer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632290**

Amount of Each Receipt this Period  
50.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)  
**C. Ellen Moscoe**

Mailing Address 2316 NW 101st Street

City State Zip Code  
Vancouver WA 98685

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632320**

Amount of Each Receipt this Period  
10.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 655 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Kathleen Murphy**  
Full Name (Last, First, Middle Initial)

Mailing Address 5320 Burton Road

City Moss Point State MS Zip Code 39562

FEC ID number of contributing federal political committee. **C**

Name of Employer Jackson-George Regional Library System Occupation library clerk

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632293**

Amount of Each Receipt this Period 10.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**B. Ms. Virginia R. Nash**  
Full Name (Last, First, Middle Initial)

Mailing Address 837 Hickory Drive

City Geneseo State IL Zip Code 61254

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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632321**

Amount of Each Receipt this Period 6.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**C. Sam Neisner**  
Full Name (Last, First, Middle Initial)

Mailing Address 332 Sandal Lane

City Palm Beach Shores State FL Zip Code 33404

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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632349**

Amount of Each Receipt this Period 16.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 656 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Linda Nichols**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1103 NW 30 Ave

City Gainesville	State FL	Zip Code 32609
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Shadow Health	Occupation Edu Coord
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : 3632651**

Amount of Each Receipt this Period  

25.00
-------

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**B. Ms. Ruth K. Nicolaisen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4905 Boulder Creek Lane

City Raleigh	State NC	Zip Code 27613
-----------------	-------------	-------------------

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 ▼ **0.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : 3632379**

Amount of Each Receipt this Period  

25.00
-------

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**C. Gary Noble**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5206 Springhouse Circle

City Stone Mountain	State GA	Zip Code 30087
------------------------	-------------	-------------------

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 ▼ **0.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : 3632380**

Amount of Each Receipt this Period  

20.00
-------

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 657 OF 1350 (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. Ms. Jane O'Grady**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2452 Tunlaw Rd., NW  
 City Washington State DC Zip Code 20007  
 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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3632322**  
 Amount of Each Receipt this Period 50.00  
 Kay Hagan Contributions  
**[MEMO ITEM]**  
 MEMO

**B. David Ono**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 195 Sycamore St.  
 City Albany State NY Zip Code 12209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University @ Albany Occupation PM/Architect  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3632684**  
 Amount of Each Receipt this Period 10.00  
 Kay Hagan Contributions  
**[MEMO ITEM]**  
 MEMO

**C. Ms. Jo Ann Mayer Orlinsky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3704 North Charles Street # 206  
 City Baltimore State MD Zip Code 21218  
 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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2013  
**Transaction ID : 3633625**  
 Amount of Each Receipt this Period 100.00  
 Kay Hagan Contributions  
**[MEMO ITEM]**  
 MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 658 OF 1350
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. Marsha Orr**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5840 W. 112th Place  
City Westminster State CO Zip Code 80020  
FEC ID number of contributing federal political committee. **C**  
Name of Employer stay at home mom Occupation school administration  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632664**  
Amount of Each Receipt this Period 20.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**B. Ms. Anne Otten**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5005 155th Pl. SE  
City Bellevue State WA Zip Code 98006  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Investor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 08 / 2013  
**Transaction ID : 3619503**  
Amount of Each Receipt this Period 1000.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**C. Mr. Donald G. Palmer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2509 Bear Den Rd  
City Frederick State MD Zip Code 21701  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MedImmune Occupation Regulatory Operations  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 21 / 2013  
**Transaction ID : 3626662**  
Amount of Each Receipt this Period 50.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 659 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mrs. Joy Panagides</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013
Mailing Address 8404 Whitman Drive		<b>Transaction ID : 3632381</b>
City Bethesda	State MD	Zip Code 20817
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00	
Name of Employer None	Occupation Retired	Kay Hagan Contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO

Full Name (Last, First, Middle Initial) <b>B. Ms. Lucy N. Parker</b>		Date of Receipt MM / DD / YYYY 04 / 19 / 2013
Mailing Address 1315 Kingwood St.		<b>Transaction ID : 3625701</b>
City Ypsilanti	State MI	Zip Code 48197
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer None	Occupation RETIRED	Kay Hagan Contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO

Full Name (Last, First, Middle Initial) <b>C. Ms. Melissa Patterson-Meador</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013
Mailing Address 288 Briarwood Ln		<b>Transaction ID : 3632682</b>
City Middletown	State CT	Zip Code 06457
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 10.00	
Name of Employer Unemployed	Occupation Looking for work	Kay Hagan Contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 660 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Ms. Ann Pennell-Cimini**  
Full Name (Last, First, Middle Initial)  
Mailing Address 49 Shawmut St  
City East Longmeadow State MA Zip Code 01028  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Yankee Spirits Inc. Occupation sales cashier  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 29 / 2013  
**Transaction ID : 3631860**  
Amount of Each Receipt this Period 25.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**B. Ms. Martha C. Perelli**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2217 Karns Place  
City Raleigh State NC Zip Code 27614  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Perelli Corp. Occupation office manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 29 / 2013  
**Transaction ID : 3631855**  
Amount of Each Receipt this Period 20.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**C. Ms. Ellen C. Perrin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 33 Abbottsford Road  
City Brookline State MA Zip Code 02446  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Tufts Medical Center Occupation physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632674**  
Amount of Each Receipt this Period 100.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 661 OF 1350
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Denise Petersen</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013
Mailing Address 73 Preda Street		<b>Transaction ID : 3632596</b>
City San Leandro	State CA	Zip Code 94577
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00	
Name of Employer self	Occupation financial advisor	Kay Hagan Contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO

Full Name (Last, First, Middle Initial) <b>B. Kristine Pierce</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013
Mailing Address 891 N Channel		<b>Transaction ID : 3632597</b>
City Harsens Island	State MI	Zip Code 48028
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 10.00	
Name of Employer self	Occupation Tupperware Manager	Kay Hagan Contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO

Full Name (Last, First, Middle Initial) <b>C. Ann Porter</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013
Mailing Address 6100 Kings View Dr. #105		<b>Transaction ID : 3632488</b>
City Grand Forks	State ND	Zip Code 58201
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 10.00	
Name of Employer None	Occupation Retired	Kay Hagan Contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 662 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Jeanne Powell**

Mailing Address 17237 Greenwood Place N

City Shoreline State WA Zip Code 98133

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632323**

Amount of Each Receipt this Period  
 20.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)  
**B. Elliott Powell**

Mailing Address 850 Antilla Way

City San Marcos State CA Zip Code 92078

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632489**

Amount of Each Receipt this Period  
 10.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)  
**C. Andrew Puglia**

Mailing Address 158 Powder House Boulevard

City Somerville State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C**

Name of Employer atlantic bay north company Occupation self-employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632253**

Amount of Each Receipt this Period  
 25.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 663 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Jo Ann Putnam-Scholes**  
Full Name (Last, First, Middle Initial)

Mailing Address 20 Fairway Drive

City Barrington State RI Zip Code 02806

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632563**

Amount of Each Receipt this Period  
 33.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**B. John Racanelli**  
Full Name (Last, First, Middle Initial)

Mailing Address 5 Eat 22nd. Street. Apt.6j

City New York State NY Zip Code 10010

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632490**

Amount of Each Receipt this Period  
 50.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**C. Charles Ramsey**  
Full Name (Last, First, Middle Initial)

Mailing Address 9817 Circle Drive Lot 342

City Austin State TX Zip Code 78736

FEC ID number of contributing federal political committee. **C**

Name of Employer Level3 Occupation Telecommunications

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632300**

Amount of Each Receipt this Period  
 12.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 664 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Davian Rawls**  
Full Name (Last, First, Middle Initial)  
Mailing Address 17 Nevens St  
City Portland State ME Zip Code 04103  
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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632491**  
Amount of Each Receipt this Period 5.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**B. Mr. Gerald A. Rech**  
Full Name (Last, First, Middle Initial)  
Mailing Address 70 N. Old Cedar Circle  
City The Woodlands State TX Zip Code 77382  
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 ▼ 0.00

Date of Receipt 04 / 15 / 2013  
**Transaction ID : 3621866**  
Amount of Each Receipt this Period 50.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**C. Ms. Barbara Renfroe**  
Full Name (Last, First, Middle Initial)  
Mailing Address 56 Muirfield Ct.  
City Poughkeepsie State NY Zip Code 12603  
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 ▼ 0.00

Date of Receipt 04 / 22 / 2013  
**Transaction ID : 3627952**  
Amount of Each Receipt this Period 5.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶



**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 665 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Corban Rhodes**  
Full Name (Last, First, Middle Initial)  
Mailing Address 80 Lafayette Ave.  
Apt. 1  
City Brooklyn State NY Zip Code 11217  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Labaton Sucharow Occupation Lawyer  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **0.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632298**  
Amount of Each Receipt this Period **25.00**  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**B. Roberta Riccio**  
Full Name (Last, First, Middle Initial)  
Mailing Address 519 Rutgers Ave  
City Swarthmore State PA Zip Code 19081  
FEC ID number of contributing federal political committee. **C**  
Name of Employer US EPA Occupation Environmental scientist  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **0.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632692**  
Amount of Each Receipt this Period **13.00**  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**C. Irene Rinn**  
Full Name (Last, First, Middle Initial)  
Mailing Address 336 36th St. #319  
City Bellingham State WA Zip Code 98225  
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 **0.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632492**  
Amount of Each Receipt this Period **20.00**  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... **0.00**  
**TOTAL** This Period (last page this line number only).....

**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 666 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Catherine Robbins**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1943 29th Ave.  
City San Francisco State CA Zip Code 94116  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation Book author  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **0.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632598**  
Amount of Each Receipt this Period **25.00**  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**B. Mrs. Bonnie B. Robbins**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2821 Fairview Ave. E.  
City Seattle State WA Zip Code 98102  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation homemaker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **0.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632382**  
Amount of Each Receipt this Period **50.00**  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**C. Ms. Shelley Roberts**  
Full Name (Last, First, Middle Initial)  
Mailing Address 206 Hermosa Dr., SE  
City Albuquerque State NM Zip Code 87108  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Educational Consultant  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **0.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632599**  
Amount of Each Receipt this Period **25.00**  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... **0.00**  
**TOTAL** This Period (last page this line number only).....

# 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 667 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Louise Roberts**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9838 N Houston Oak Dr  
 City Germantown State TN Zip Code 38139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer shelby county schools Occupation substitute teacher  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632653**  
 Amount of Each Receipt this Period 5.00  
 Kay Hagan Contributions  
**[MEMO ITEM]**  
 MEMO

**B. Ms. Nancy Rohn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2722 Thayer Street  
 City Evanston State IL Zip Code 60201  
 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 ▼ 0.00

Date of Receipt 04 / 10 / 2013  
**Transaction ID : 3620124**  
 Amount of Each Receipt this Period 50.00  
 Kay Hagan Contributions  
**[MEMO ITEM]**  
 MEMO

**C. Joseph Rosenstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 223 South Third Avenue  
 City Highland Park State NJ Zip Code 08904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rutgers University Occupation College Teacher  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632568**  
 Amount of Each Receipt this Period 5.00  
 Kay Hagan Contributions  
**[MEMO ITEM]**  
 MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 668 OF 1350
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Ms. Ilse W. Ross**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2 Windswept Ln  
City Setauket State NY Zip Code 11733  
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 ▼ 0.00

Date of Receipt 04 / 10 / 2013  
**Transaction ID : 3620112**  
Amount of Each Receipt this Period 50.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**B. Ms. Joyce I. Ross**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14215 Brandermill Woods Trl  
City Midlothian State VA Zip Code 23112  
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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632383**  
Amount of Each Receipt this Period 25.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**C. Ms. Edna Caila Rossenas**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1795 Shoreline Highway  
City Muir Beach State CA Zip Code 94965  
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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632384**  
Amount of Each Receipt this Period 10.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 669 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Mrs. Judith S Rowe**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4701 Willard Avenue, Apt 405

City Chevy Chase	State MD	Zip Code 20815
---------------------	-------------	-------------------

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 ▼ **0.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2013

**Transaction ID : 3632493**

Amount of Each Receipt this Period  

25.00
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Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**B. Larry Rudel**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4417 Erie Dr

City Winston-Salem	State NC	Zip Code 27106
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Wake Forest U. Med. School	Occupation Professor
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2013

**Transaction ID : 3632700**

Amount of Each Receipt this Period  

25.00
-------

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**C. Melissa Ryan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1884 Columbia Rd NW  
Apt #604

City Washington	State DC	Zip Code 20009
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer EMILY's List	Occupation Digital Director
----------------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2013

**Transaction ID : 3632268**

Amount of Each Receipt this Period  

20.00
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Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 670 OF 1350
	<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. Kathleen A. Ryan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2103 Del Hollow St  
 City Lakewood State CA Zip Code 90712  
 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 ▼ 0.00

Date of Receipt  
 04 / 30 / 2013  
**Transaction ID : 3632494**  
 Amount of Each Receipt this Period 10.00  
 Kay Hagan Contributions  
**[MEMO ITEM]**  
 MEMO

**B. Chantal Saipe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4191 Combe Way  
 City San Diego State CA Zip Code 92122  
 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 ▼ 0.00

Date of Receipt  
 04 / 10 / 2013  
**Transaction ID : 3620120**  
 Amount of Each Receipt this Period 25.00  
 Kay Hagan Contributions  
**[MEMO ITEM]**  
 MEMO

**C. Ms. Sandra Salveter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3000 W. Valley Forge Circle Apt. 1241  
 City King of Prussia State PA Zip Code 19406  
 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 ▼ 0.00

Date of Receipt  
 04 / 25 / 2013  
**Transaction ID : 3629781**  
 Amount of Each Receipt this Period 20.00  
 Kay Hagan Contributions  
**[MEMO ITEM]**  
 MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 671 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Sam Sanders**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6516 W Stanley Rd  
City Mount Morris State MI Zip Code 48458  
FEC ID number of contributing federal political committee. **C**  
Name of Employer gm Occupation labor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632280**  
Amount of Each Receipt this Period 10.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**B. Ms. Annette Schaumann**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2640 Elmdale Ct..  
City Palo Alto State CA Zip Code 94303  
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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632495**  
Amount of Each Receipt this Period 5.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**C. Judith R. Schneider**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1175 E. Broadway  
City Hewlett State NY Zip Code 11557  
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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632496**  
Amount of Each Receipt this Period 18.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 672 OF 1350 (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**

Full Name (Last, First, Middle Initial) <b>A. Ms. Doris Schulman</b>		Date of Receipt MM / DD / YYYY 04 / 17 / 2013 <b>Transaction ID : 3624010</b>
Mailing Address 360 E. 72nd Street		Amount of Each Receipt this Period 100.00
City New York	State NY	Zip Code 10021
FEC ID number of contributing federal political committee. C		Kay Hagan Contributions
Name of Employer REQUESTED	Occupation Requested	<b>[MEMO ITEM]</b> MEMO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B. Paul Schwartz</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : 3632385</b>
Mailing Address 115-25 Metropolitan Ave Apt 344		Amount of Each Receipt this Period 25.00
City Kew Gardens	State NY	Zip Code 11418
FEC ID number of contributing federal political committee. C		Kay Hagan Contributions
Name of Employer None	Occupation Retired	<b>[MEMO ITEM]</b> MEMO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Ricki Seidman</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : 3632673</b>
Mailing Address 5542 Nevada Ave., NW		Amount of Each Receipt this Period 50.00
City Washington	State DC	Zip Code 20015
FEC ID number of contributing federal political committee. C		Kay Hagan Contributions
Name of Employer tsd, inc.	Occupation consultant	<b>[MEMO ITEM]</b> MEMO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 673 OF 1350
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. Ms. Jane Shannon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2200 Cambridge Dr.  
City Sarasota State FL Zip Code 34232  
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 ▼ 0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 23 / 2013  
**Transaction ID : 3628353**  
Amount of Each Receipt this Period 50.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**B. Ms. Peg Shaw**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2147 O St NW Apt 306  
City Washington State DC Zip Code 20037  
FEC ID number of contributing federal political committee. **C**  
Name of Employer REQUESTED Occupation Lawyer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 22 / 2013  
**Transaction ID : 3627949**  
Amount of Each Receipt this Period 100.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**C. Joseph Sheperd**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2 West 3rd Ave  
City Johnstown State NY Zip Code 12095  
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 ▼ 0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013  
**Transaction ID : 3632324**  
Amount of Each Receipt this Period 25.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 674 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Mr. Edward Silha**  
Full Name (Last, First, Middle Initial)

Mailing Address 11509 Pyreneese Dr

City Austin State TX Zip Code 78759

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632386**

Amount of Each Receipt this Period 50.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**B. Ms. Loretta Simon**  
Full Name (Last, First, Middle Initial)

Mailing Address 24 Commonwealth Drive

City Glenmont State NY Zip Code 12077

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2013

**Transaction ID : 3619499**

Amount of Each Receipt this Period 50.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

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

Mailing Address 901 Yakima Avenue S.

City Seattle State WA Zip Code 98144

FEC ID number of contributing federal political committee. **C**

Name of Employer self employed Occupation artist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632639**

Amount of Each Receipt this Period 10.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 675 OF 1350
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Ms. Nancy Skinner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1724 Highland Drive  
City Newport Beach State CA Zip Code 92660  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation Housewife  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632325**  
Amount of Each Receipt this Period 30.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**B. Prudence Skinner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2415 34th Ave  
City Sacramento State CA Zip Code 95822  
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 ▼ 0.00

Date of Receipt 04 / 08 / 2013  
**Transaction ID : 3618363**  
Amount of Each Receipt this Period 20.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**C. Mr. Charles A. Sleicher**  
Full Name (Last, First, Middle Initial)  
Mailing Address 116 Fairview Ave N #310  
City Seattle State WA Zip Code 98109  
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 ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632497**  
Amount of Each Receipt this Period 10.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 676 OF 1350
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. Mrs. Connie Sly**  
Full Name (Last, First, Middle Initial)

Mailing Address 970 Canyon View Drive

City La Verne State CA Zip Code 91750

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632387**

Amount of Each Receipt this Period  
 50.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**B. Rita Smalling**  
Full Name (Last, First, Middle Initial)

Mailing Address 4711 E Brisa Del Norte

City Tucson State AZ Zip Code 85718

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation not employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632388**

Amount of Each Receipt this Period  
 5.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**C. Jim Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 8 Burning Tree Lane

City Lawrenceville State NJ Zip Code 08648

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632451**

Amount of Each Receipt this Period  
 15.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 677 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Mrs. Shirley Sokolsky**  
Full Name (Last, First, Middle Initial)

Mailing Address 2003 N Ocean Blvd Apt 1103

City Boca Raton State FL Zip Code 33431

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 ▼ 0.00

Date of Receipt 04 / 08 / 2013  
**Transaction ID : 3619501**

Amount of Each Receipt this Period 25.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**B. Virginia Solomon**  
Full Name (Last, First, Middle Initial)

Mailing Address 10972 Culver Blvd

City Culver City State CA Zip Code 90230

FEC ID number of contributing federal political committee. **C**

Name of Employer USC Occupation Student

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632696**

Amount of Each Receipt this Period 5.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**C. Soohun Song**  
Full Name (Last, First, Middle Initial)

Mailing Address 22 Draper Rd

City Dover State MA Zip Code 02030

FEC ID number of contributing federal political committee. **C**

Name of Employer atp Occupation interpreter

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632255**

Amount of Each Receipt this Period 20.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 678 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Carole Spreitzer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5135 N. Tripp

City Chicago	State IL	Zip Code 60630
-----------------	-------------	-------------------

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 ▼ **0.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : 3632389**

Amount of Each Receipt this Period  

0.00
------

**20.00**

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**B. Ms. Nancy Stabb**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1200 S. River Rd.

City Janesville, Wi	State WI	Zip Code 53546
------------------------	-------------	-------------------

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 ▼ **0.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2013

**Transaction ID : 3626576**

Amount of Each Receipt this Period  

0.00
------

**30.00**

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**C. Ms. Jutta Eva Stange**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 90764

City San Diego	State CA	Zip Code 92169
-------------------	-------------	-------------------

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 ▼ **0.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	24	/	2013

**Transaction ID : 3629182**

Amount of Each Receipt this Period  

0.00
------

**25.00**

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 679 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Ms. Pearl Steinberg**  
Full Name (Last, First, Middle Initial)

Mailing Address 3300 Darby Rd  
Apt. #1205

City Haverford State PA Zip Code 19041

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 ▼ 0.00

Date of Receipt  
04 / 10 / 2013  
**Transaction ID : 3620103**

Amount of Each Receipt this Period 50.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**B. Ms. Bonnie Steinbock**  
Full Name (Last, First, Middle Initial)

Mailing Address 6 Croswell St.

City Albany State NY Zip Code 12206

FEC ID number of contributing federal political committee. **C**

Name of Employer University at Albany Occupation professor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
04 / 30 / 2013  
**Transaction ID : 3632686**

Amount of Each Receipt this Period 50.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**C. William Stockton**  
Full Name (Last, First, Middle Initial)

Mailing Address 458 W. 146 Street  
#1N

City New York State NY Zip Code 10031

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation None

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
04 / 30 / 2013  
**Transaction ID : 3632390**

Amount of Each Receipt this Period 50.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 680 OF 1350
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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

**A. Mrs. Anita Strauss**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7887 Revelle Drive

City La Jolla	State CA	Zip Code 92037
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer S.D. Mental Health Association	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		08		2013

**Transaction ID : 3618381**

Amount of Each Receipt this Period  
100.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**B. Ms. Sigrid Anne Strom**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1404 NE 154th St.

City Shoreline	State WA	Zip Code 98155
-------------------	-------------	-------------------

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 ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		15		2013

**Transaction ID : 3623354**

Amount of Each Receipt this Period  
10.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**C. Phillip Stump**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3602 Sherwood Place

City Lynchburg	State VA	Zip Code 24503
-------------------	-------------	-------------------

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 ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2013

**Transaction ID : 3632498**

Amount of Each Receipt this Period  
15.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 681 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Suzanne Sumrall**  
Full Name (Last, First, Middle Initial)  
Mailing Address 717 Willivee Dr.  
City Decatur State GA Zip Code 30033  
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 **0.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632326**  
Amount of Each Receipt this Period **15.00**  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**B. Barbara Swanson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 343 Kellogg Blvd E  
City Saint Paul State MN Zip Code 55101  
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 **0.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632499**  
Amount of Each Receipt this Period **25.00**  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**C. Suzanne Swift**  
Full Name (Last, First, Middle Initial)  
Mailing Address 48 E. 4th Street  
City New Castle State DE Zip Code 19720  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Spec Simple Occupation Small Business Owner  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **0.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632655**  
Amount of Each Receipt this Period **35.00**  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... **0.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 682 OF 1350
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mary Tambornino</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013
Mailing Address 3851 Susan Lane		<b>Transaction ID : 3632500</b>
City Minnetonka	State MN	Zip Code 55345
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer None	Occupation Retired	Kay Hagan Contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO

Full Name (Last, First, Middle Initial) <b>B. Ms. Pamela E. Tarr</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013
Mailing Address 12223 Califa Street		<b>Transaction ID : 3632600</b>
City Valley Village	State CA	Zip Code 91607
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 7.00	
Name of Employer Self	Occupation Producer	Kay Hagan Contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO

Full Name (Last, First, Middle Initial) <b>C. Maria Luisa Tasayco</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013
Mailing Address 116 Pinehurst Ave Apt H43		<b>Transaction ID : 3632327</b>
City New York	State NY	Zip Code 10033
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5.00	
Name of Employer None	Occupation Retired	Kay Hagan Contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 683 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Dr. Judith M. Taylor , M.D.**

Mailing Address 255 Berry St Apt 610

City State Zip Code  
San Francisco CA 94158

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3632391**

Amount of Each Receipt this Period  
 25.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)  
**B. Mr. Everett E. Taylor**

Mailing Address PO Box 22

City State Zip Code  
Browning MO 64630

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
REQUESTED Requested

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2013  
**Transaction ID : 3628356**

Amount of Each Receipt this Period  
 25.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)  
**C. Kathleen Thaxton**

Mailing Address PO Box 334

City State Zip Code  
North Stonington CT 06359

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3632501**

Amount of Each Receipt this Period  
 50.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 684 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Dr. Julie K. Timins**  
Full Name (Last, First, Middle Initial)

Mailing Address 20 FOOTES LN

City Morristown State NJ Zip Code 07960

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 22 / 2013  
**Transaction ID : 3627953**

Amount of Each Receipt this Period 100.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**B. Elaina Timm**  
Full Name (Last, First, Middle Initial)

Mailing Address 651 East 2700 South

City Salt Lake City State UT Zip Code 84106

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation homemaker/unemployed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : 3632328**

Amount of Each Receipt this Period 10.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**C. Ms. Cheryl A. Traendly**  
Full Name (Last, First, Middle Initial)

Mailing Address 3008 Manning CT

City Santa Rosa State CA Zip Code 95403

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 ▼ 0.00

Date of Receipt 04 / 10 / 2013  
**Transaction ID : 3620109**

Amount of Each Receipt this Period 25.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 685 OF 1350
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. Kelly Trippe**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4107 Maryland Avenue  
City Bethesda State MD Zip Code 20816  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation medical writer  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **0.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632601**  
Amount of Each Receipt this Period **50.00**  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**B. Ms. Judith Troestler**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 370306  
City Milwaukee State WI Zip Code 53237  
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 **0.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632392**  
Amount of Each Receipt this Period **10.00**  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**C. Peter Trotman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 180 Turn Of River Road  
City Stamford State CT Zip Code 06905  
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 **0.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : 3632393**  
Amount of Each Receipt this Period **25.00**  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... **0.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 686 OF 1350
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. William Tucci**  
Full Name (Last, First, Middle Initial)  
Mailing Address 150 Charles Wade Lane  
City Henderson State NC Zip Code 27537  
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 ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2013  
Transaction ID : **3632660**  
Amount of Each Receipt this Period  
50.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**B. William Tyler**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 1929  
City Aptos State CA Zip Code 95001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Google Occupation software engineer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2013  
Transaction ID : **3632282**  
Amount of Each Receipt this Period  
10.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**c. Ms. Elizabeth Ungar**  
Full Name (Last, First, Middle Initial)  
Mailing Address 420 Riverside Drive 7H  
City New York State NY Zip Code 10025  
FEC ID number of contributing federal political committee. **C**  
Name of Employer freelance Occupation editorial  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2013  
Transaction ID : **3632275**  
Amount of Each Receipt this Period  
15.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional).....▶ 0.00  
**TOTAL** This Period (last page this line number only).....▶

**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 687 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Lynda Vibrock**  
Full Name (Last, First, Middle Initial)

Mailing Address 5220 Wesleyan St., Apt. C-306

City Houston	State TX	Zip Code 77005
-----------------	-------------	-------------------

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 ▼  
0.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		30		2013

**Transaction ID : 3632502**

Amount of Each Receipt this Period  

15.00
-------

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**B. Ms. Patricia M Wang**  
Full Name (Last, First, Middle Initial)

Mailing Address 4289 Perna Lane

City Iron Station	State NC	Zip Code 28080
----------------------	-------------	-------------------

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 ▼  
0.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		10		2013

**Transaction ID : 3620118**

Amount of Each Receipt this Period  

20.00
-------

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**C. Ms. Sally Warren**  
Full Name (Last, First, Middle Initial)

Mailing Address 3710 Armstrong Avenue

City Dallas	State TX	Zip Code 75205
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self	Occupation artist
--------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		30		2013

**Transaction ID : 3632602**

Amount of Each Receipt this Period  

100.00
--------

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 688 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ms. Claudia Wasik**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1315 Kingwood St.  
City Ypsilanti State MI Zip Code 48197  
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 ▼ 0.00

Date of Receipt 04 / 19 / 2013  
**Transaction ID : 3626416**  
Amount of Each Receipt this Period 50.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**B. Ms. Diana K. Weatherby**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6401 85th PL  
City New Carrollton State MD Zip Code 20784  
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 ▼ 0.00

Date of Receipt 04 / 24 / 2013  
**Transaction ID : 3629183**  
Amount of Each Receipt this Period 25.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**C. Dr. Margaret L. Weber-Levine**  
Full Name (Last, First, Middle Initial)  
Mailing Address 373 Sargent Dr. SE  
City Atlanta State GA Zip Code 30315  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Morehouse College Occupation EDUCATOR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 15 / 2013  
**Transaction ID : 3623356**  
Amount of Each Receipt this Period 75.00  
Kay Hagan Contributions  
**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 689 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ann Weigl**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 109 Edgewood Ln  
 City Oxford State WI Zip Code 53952  
 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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 3632350**  
 Amount of Each Receipt this Period 50.00  
 Kay Hagan Contributions  
**[MEMO ITEM]**  
 MEMO

**B. Ms. Jane F. West**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 Sunset Rdg  
 City Deep River State CT Zip Code 06417  
 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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2013  
**Transaction ID : 3619489**  
 Amount of Each Receipt this Period 50.00  
 Kay Hagan Contributions  
**[MEMO ITEM]**  
 MEMO

**C. Ms. Doris Wheaton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 Proctor Avenue  
 City Odgensburg State NY Zip Code 13669  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer REQUESTED Occupation HOUSEWIFE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2013  
**Transaction ID : 3628354**  
 Amount of Each Receipt this Period 20.00  
 Kay Hagan Contributions  
**[MEMO ITEM]**  
 MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 690 OF 1350
<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**

Full Name (Last, First, Middle Initial) <b>A. Lynn Wheeler</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : 3632503</b>
Mailing Address 7435 Sw 54Th Ave		Amount of Each Receipt this Period 10.00
City Miami	State FL	Zip Code 33143
FEC ID number of contributing federal political committee. C		Kay Hagan Contributions
Name of Employer None	Occupation Retired	<b>[MEMO ITEM]</b> MEMO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Linda Whitlock</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : 3632647</b>
Mailing Address 30 Saxon Road		Amount of Each Receipt this Period 100.00
City Newton	State MA	Zip Code 02461
FEC ID number of contributing federal political committee. C		Kay Hagan Contributions
Name of Employer self-employed	Occupation executive	<b>[MEMO ITEM]</b> MEMO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Sandra Whitman</b>		Date of Receipt MM / DD / YYYY 04 / 08 / 2013 <b>Transaction ID : 3619497</b>
Mailing Address 6142 Evian Place		Amount of Each Receipt this Period 100.00
City Boynton Beach	State FL	Zip Code 33437
FEC ID number of contributing federal political committee. C		Kay Hagan Contributions
Name of Employer REQUESTED	Occupation Requested	<b>[MEMO ITEM]</b> MEMO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 691 OF 1350
	<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. Ms. Laura Whitney**  
Full Name (Last, First, Middle Initial)

Mailing Address 4322 Melody Ln Apt 211

City Madison	State WI	Zip Code 53704
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer WI State Assembly Sgt at Arms	Occupation POSTAL CLERK
---	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2013

**Transaction ID : 3621514**

Amount of Each Receipt this Period  

0.00
------

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**B. Christine Widaman**  
Full Name (Last, First, Middle Initial)

Mailing Address 2420 Vista Del Sol

City La Verne	State CA	Zip Code 91750
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Arrowhead Regional Medical Center	Occupation Wound Care Clinician
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : 3632251**

Amount of Each Receipt this Period  

5.00
------

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**C. Ms. Harriet G. Williams**  
Full Name (Last, First, Middle Initial)

Mailing Address 146 Pebble Pt

City Blythewood	State SC	Zip Code 29016
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Professor
-----------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : 3632504**

Amount of Each Receipt this Period  

50.00
-------

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 692 OF 1350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Mary Ann Witt**  
Full Name (Last, First, Middle Initial)

Mailing Address 5 Sylvan Road

City Durham State NC Zip Code 27701

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632356**

Amount of Each Receipt this Period  
 25.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**B. Christine Wood**  
Full Name (Last, First, Middle Initial)

Mailing Address 2209 Oakridge Ave

City Madison State WI Zip Code 53704

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation Mom

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632603**

Amount of Each Receipt this Period  
 50.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**C. Julia Woogen**  
Full Name (Last, First, Middle Initial)

Mailing Address 2824 Waters Edge Circle

City West Palm Beach State FL Zip Code 33413

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632505**

Amount of Each Receipt this Period  
 10.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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 693 OF 1350
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Ms. Mary Woolsey</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : 3632394</b>
Mailing Address 1184 Keeler Ave		Amount of Each Receipt this Period 0.00
City Berkeley	State CA	Zip Code 94708
FEC ID number of contributing federal political committee. C		Kay Hagan Contributions
Name of Employer None	Occupation Retired	<b>[MEMO ITEM]</b> MEMO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B. Mrs. Yvonne Wooten</b>		Date of Receipt MM / DD / YYYY 04 / 23 / 2013 <b>Transaction ID : 3628763</b>
Mailing Address 7117 Huron Ave		Amount of Each Receipt this Period 10.00
City Lexington	State MI	Zip Code 48450
FEC ID number of contributing federal political committee. C		Kay Hagan Contributions
Name of Employer None	Occupation retired	<b>[MEMO ITEM]</b> MEMO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C. Kristi Yore</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : 3632506</b>
Mailing Address 2933 W. Vina Del Mar Blvd.		Amount of Each Receipt this Period 10.00
City St. Pete Beach	State FL	Zip Code 33706
FEC ID number of contributing federal political committee. C		Kay Hagan Contributions
Name of Employer None	Occupation Retired	<b>[MEMO ITEM]</b> MEMO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 694 OF 1350  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A.** Full Name (Last, First, Middle Initial)  
**Lewis Zuelow**

Mailing Address 7 Libra Dr.

City Novato State CA Zip Code 94947

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 ▼  
0.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 3632507**

Amount of Each Receipt this Period  
100.00

Kay Hagan Contributions

**[MEMO ITEM]**  
MEMO

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	329392.15

**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 695 OF 1350
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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**

Full Name (Last, First, Middle Initial)  
**A. Grassroots Solutions**

Mailing Address 222 West Ontario  
Suite 300

City Chicago State IL Zip Code 60610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
MM / DD / YYYY  
04 / 02 / 2013

**Transaction ID : 1251**

Amount of Each Receipt this Period  
3245.00

Rent at Fair Market Value

Orig Vendor: Jack I. Bender & Sons

Full Name (Last, First, Middle Initial)  
**B. WeConnect**

Mailing Address 3556 13th St NW  
Suite 100

City Washington State DC Zip Code 20010

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
MM / DD / YYYY  
04 / 03 / 2013

**Transaction ID : 1252**

Amount of Each Receipt this Period  
2780.00

Rent at Fair Market Value

Orig Vendor: Jack I. Bender & Sons

Full Name (Last, First, Middle Initial)  
**C. WeConnect**

Mailing Address 3556 13th St NW  
Suite 100

City Washington State DC Zip Code 20010

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
MM / DD / YYYY  
04 / 03 / 2013

**Transaction ID : 1253**

Amount of Each Receipt this Period  
1.74

Copies at Fair Market Value

Orig Vendor: GE Capital C/O RICOH USA PROGRAM

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6026.74

**TOTAL** This Period (last page this line number only)..... ▶

**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 696 OF 1350
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Receipt
Mailing Address 2401 W Behrend Dr Suite 55		<input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City Phoenix	State AZ	Zip Code 85027
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 1254</b>
Name of Employer	Occupation	Amount of Each Receipt this Period <input type="text" value="111.95"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="0.00"/>	Travel Refund

Full Name (Last, First, Middle Initial) <b>B. Premium Payment Services</b>		Date of Receipt
Mailing Address PO Box 2998		<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2013"/>
City Alpharetta	State GA	Zip Code 30023
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 1255</b>
Name of Employer	Occupation	Amount of Each Receipt this Period <input type="text" value="2857.93"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="0.00"/>	Insurance Refund
		Orig Vendor: CareFirst

Full Name (Last, First, Middle Initial) <b>C. KG Consulting</b>		Date of Receipt
Mailing Address 5009 Belt Rd		<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2013"/>
City Washington	State DC	Zip Code 20016
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 1256</b>
Name of Employer	Occupation	Amount of Each Receipt this Period <input type="text" value="1100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="0.00"/>	Rent at Fair Market Value
		Orig Vendor: Jack I. Bender & Sons

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="4069.88"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>



**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 697 OF 1350
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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**

Full Name (Last, First, Middle Initial) <b>A. KG Consulting</b>		Date of Receipt
Mailing Address 5009 Belt Rd		<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2013"/>
City	State	Zip Code
Washington	DC	20016
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 1257</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="1.58"/>
Receipt For:	Aggregate Year-to-Date ▼	Postage at Fair Market Value
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="0.00"/>	Orig Vendor: Purchase Power

Full Name (Last, First, Middle Initial) <b>B. Friends of Jeanne Shaheen</b>		Date of Receipt
Mailing Address 105 North State St		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
Concord	NH	03301
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 1258</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="12516.02"/>
Receipt For:	Aggregate Year-to-Date ▼	Mailing Expenses
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="0.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Hagan Senate Committee</b>		Date of Receipt
Mailing Address 220 I Street NE Suite 250		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
Washington	DC	20002
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 1259</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="13298.43"/>
Receipt For:	Aggregate Year-to-Date ▼	Mailing Expenses
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="0.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="25816.03"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 698 OF 1350
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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**

Full Name (Last, First, Middle Initial) <b>A. Encompass Elements</b>		Date of Receipt
Mailing Address 185 Discovery Dr		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code
Colmar	PA	18915
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="0.00"/>	
		Transaction ID : 1267
		Amount of Each Receipt this Period <input type="text" value="8444.33"/>
		Postage Refund

Full Name (Last, First, Middle Initial) <b>B. SaBrina Brown</b>		Date of Receipt
Mailing Address PO Box 1265		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
North Beach	MD	20714
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="0.00"/>	
		Transaction ID : 1260
		Amount of Each Receipt this Period <input type="text" value="856.60"/>
		Travel at Fair Market Value
		Orig Vendor: American Express

Full Name (Last, First, Middle Initial) <b>C. Louisa Farley</b>		Date of Receipt
Mailing Address 1701 16th Street NW #721		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Washington	DC	20009
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="0.00"/>	
		Transaction ID : 1261
		Amount of Each Receipt this Period <input type="text" value="89.17"/>
		Travel at Fair Market Value
		Orig Vendor: American Express

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="9390.10"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 699 OF 1350
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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**

Full Name (Last, First, Middle Initial)  
**A. Caroline Fines**

Mailing Address 10621 Regent Park Court

City State Zip Code  
Fairfax VA 22030

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 04 / 30 / 2013  
**Transaction ID : 1262**

Amount of Each Receipt this Period  
0.46

Postage at Fair Market Value

Orig Vendor: Purchase Power

Full Name (Last, First, Middle Initial)  
**B. Ellen Malcolm**

Mailing Address 5060 Linnean Ave NW

City State Zip Code  
Washington DC 20008

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 04 / 30 / 2013  
**Transaction ID : 1263**

Amount of Each Receipt this Period  
167.69

Travel at Fair Market Value

Orig Vendor: Red Top Cab

Full Name (Last, First, Middle Initial)  
**C. Jonathan Parker**

Mailing Address 1611 Hobart Street NW

City State Zip Code  
Washington DC 20009

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 04 / 30 / 2013  
**Transaction ID : 1264**

Amount of Each Receipt this Period  
47.38

Postage at Fair Market Value

Orig Vendor: UPS

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	215.53
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 700 OF 1350
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. Katelyn Stoner**  
Full Name (Last, First, Middle Initial)

Mailing Address 929 7th Street NE

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 1265**

Amount of Each Receipt this Period 1.32

Postage at Fair Market Value

Orig Vendor: Purchase Power

**B. Amalia Stott**  
Full Name (Last, First, Middle Initial)

Mailing Address 10137 Crestberry Place

City Bethesda State MD Zip Code 20817

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 1266**

Amount of Each Receipt this Period 249.80

Travel at Fair Market Value

Orig Vendor: American Express

**C. Robin Kelly for Congress**  
Full Name (Last, First, Middle Initial)

Mailing Address 22 West Washington Street Suite 1500

City Chicago State IL Zip Code 60602

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 1268**

Amount of Each Receipt this Period 15.33

Credit Card Processing Fees at Fair Market Value

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	266.45
<b>TOTAL</b> This Period (last page this line number only).....▶	45784.73

**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 701 OF 1350
<input 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 checked="" type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		Date of Receipt MM / DD / YYYY 04 / 05 / 2013 <b>Transaction ID : 1016</b>
Mailing Address 1501 Pennsylvania Ave NW		Amount of Each Receipt this Period Interest 2013 19.35
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Interest 2013 83.92
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>B. Fifth Third Bank</b>		Date of Receipt MM / DD / YYYY 04 / 24 / 2013 <b>Transaction ID : 1014</b>
Mailing Address 6201 15th Ave		Amount of Each Receipt this Period Dividend 2013 1.65
City Brooklyn	State NY	Zip Code 11219
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Dividend 2013 3.15
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>C. Merrill Lynch</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : 1015</b>
Mailing Address 1152 15th St NW		Amount of Each Receipt this Period Dividend 2013 0.45
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Dividend 2013 13.55
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2013 21.45
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 702 OF 1350
<input 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 checked="" type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		Date of Receipt
Mailing Address 1501 Pennsylvania Ave NW		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Washington	DC	20005
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 1017</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="40.21"/>
Receipt For:	Aggregate Year-to-Date ▼	Interest
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="156.81"/>	

Full Name (Last, First, Middle Initial) <b>B. Bank of America</b>		Date of Receipt
Mailing Address 1501 Pennsylvania Ave NW		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Washington	DC	20005
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 1018</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="27.46"/>
Receipt For:	Aggregate Year-to-Date ▼	Interest
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="71.07"/>	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Amount of Each Receipt this Period
Name of Employer	Occupation	<input type="text"/>
Receipt For:	Aggregate Year-to-Date ▼	Interest
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="67.67"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="89.12"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Discovery Benefits, Inc.**

Mailing Address 3216 13th Avenue South

City Fargo State ND Zip Code 58103

Purpose of Disbursement  
Insurance Health/Life

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2013

**Transaction ID : SB21B-206095**

Amount of Each Disbursement this Period

915.79

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address 808 East Utah Valley Drive

City American Fork State UT Zip Code 84003

Purpose of Disbursement  
Credit Card Service Charges

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 02 / 2013

**Transaction ID : SB21B-206104**

Amount of Each Disbursement this Period

28.15

Full Name (Last, First, Middle Initial)

**C. John Hancock c/o City Bank Delaware**

Mailing Address 1615 Brett Road Lock Box 7122

City New Castle State DE Zip Code 19720

Purpose of Disbursement  
Employment Pension/ 401(k)

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 02 / 2013

**Transaction ID : SB21B-206098**

Amount of Each Disbursement this Period

34949.04

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

35892.98

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Authorize.net**

Mailing Address 808 East Utah Valley Drive

City American Fork State UT Zip Code 84003

Purpose of Disbursement  
Credit Card Service Charges

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	02	/	2013

**Transaction ID : SB21B-206015**

Amount of Each Disbursement this Period

1487.60
---------

Full Name (Last, First, Middle Initial)

**B. Elavon**

Mailing Address One Concourse Parkway  
Ste 300

City Atlanta State GA Zip Code 30328

Purpose of Disbursement  
Credit Card Service Charges

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	02	/	2013

**Transaction ID : SB21B-206014**

Amount of Each Disbursement this Period

1404.33
---------

Full Name (Last, First, Middle Initial)

**C. First Data Merchant Services**

Mailing Address PO Box 6010

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement  
Credit Card Service Charges

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	03	/	2013

**Transaction ID : SB21B-206105**

Amount of Each Disbursement this Period

104.23
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2996.16
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. First Data Merchant Services**

Mailing Address PO Box 6010

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement  
Credit Card Service Charges

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 03 / 2013

Transaction ID : SB21B-206016

Amount of Each Disbursement this Period

26440.12

Full Name (Last, First, Middle Initial)

**B. ADP**

Mailing Address P.O. BOX 842854

City Boston State MA Zip Code 02284

Purpose of Disbursement  
Payroll Service

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 03 / 2013

Transaction ID : SB21B-206089

Amount of Each Disbursement this Period

2.06

Full Name (Last, First, Middle Initial)

**C. Allied Printing Resources**

Mailing Address 33 Commerce Road

City Carlstadt State NJ Zip Code 07072

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2013

Transaction ID : SB21B-205613

Amount of Each Disbursement this Period

472.88

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

26915.06

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Allied Printing Resources**

Mailing Address 33 Commerce Road

City Carlstadt State NJ Zip Code 07072

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2013

**Transaction ID : SB21B-205614**

Amount of Each Disbursement this Period

3604.36

Full Name (Last, First, Middle Initial)

**B. Allied Printing Resources**

Mailing Address 33 Commerce Road

City Carlstadt State NJ Zip Code 07072

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2013

**Transaction ID : SB21B-205615**

Amount of Each Disbursement this Period

14249.45

Full Name (Last, First, Middle Initial)

**C. Associated Press**

Mailing Address 450 West 33rd Street

City New York City State NY Zip Code 10001

Purpose of Disbursement  
Design/Graphics

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2013

**Transaction ID : SB21B-205616**

Amount of Each Disbursement this Period

175.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

18028.81

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Avalanche Services**

Mailing Address 113 McGarry Blvd

City State Zip Code  
Kearneysville WV 25430

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2013

**Transaction ID : SB21B-205617**

Amount of Each Disbursement this Period

1460.69

Full Name (Last, First, Middle Initial)

**B. Blackbaud**

Mailing Address PO Box 930256

City State Zip Code  
Atlanta GA 31193

Purpose of Disbursement  
Employee Training/ Planning

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2013

**Transaction ID : SB21B-205618**

Amount of Each Disbursement this Period

4050.00

Full Name (Last, First, Middle Initial)

**C. SaBrina Brown**

Mailing Address 3730 5th St.

City State Zip Code  
North Beach MD 20714

Purpose of Disbursement  
Internet Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2013

**Transaction ID : SB21B-205619**

Amount of Each Disbursement this Period

51.99

See Attached Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5562.68

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Comcast**

Mailing Address 40 West Leeds Ave

City Pleasantville State NJ Zip Code 08232

Purpose of Disbursement  
Internet Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2013

**Transaction ID : SB21B-205619-10000**

Amount of Each Disbursement this Period

51.99

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. Bulletproof**

Mailing Address 1840 41st Ave, #102-333

City Capitola State CA Zip Code 95010

Purpose of Disbursement  
Copy Writer

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2013

**Transaction ID : SB21B-205621**

Amount of Each Disbursement this Period

206.25

Full Name (Last, First, Middle Initial)

**C. Bulletproof**

Mailing Address 1840 41st Ave, #102-333

City Capitola State CA Zip Code 95010

Purpose of Disbursement  
Copy Writer

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2013

**Transaction ID : SB21B-205623**

Amount of Each Disbursement this Period

56.25

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

262.50

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Bulletproof**

Mailing Address 1840 41st Ave, #102-333

City State Zip Code  
Capitola CA 95010

Purpose of Disbursement  
Copy Writer

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
04 / 04 / 2013

**Transaction ID : SB21B-205625**

Amount of Each Disbursement this Period

56.25

Full Name (Last, First, Middle Initial)

**B. Broadview Networks**

Mailing Address P.O. Box 9242

City State Zip Code  
Uniondale NY 11555

Purpose of Disbursement  
Telephone

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
04 / 04 / 2013

**Transaction ID : SB21B-205626**

Amount of Each Disbursement this Period

1541.11

Full Name (Last, First, Middle Initial)

**C. DCM**

Mailing Address 330 West 38th Street  
Suite 207

City State Zip Code  
New York NY 10018

Purpose of Disbursement  
Phone Banks

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
04 / 04 / 2013

**Transaction ID : SB21B-205627**

Amount of Each Disbursement this Period

1350.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2947.36

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. DCM**

Mailing Address 330 West 38th Street  
Suite 207

City New York State NY Zip Code 10018

Purpose of Disbursement  
Phone Banks

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-205628**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. DCM**

Mailing Address 330 West 38th Street  
Suite 207

City New York State NY Zip Code 10018

Purpose of Disbursement  
Phone Banks

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-205629**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. DCM**

Mailing Address 330 West 38th Street  
Suite 207

City New York State NY Zip Code 10018

Purpose of Disbursement  
Phone Banks

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-205630**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. DCM**

Mailing Address 330 West 38th Street  
Suite 207

City New York State NY Zip Code 10018

Purpose of Disbursement  
Phone Banks

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2013

**Transaction ID : SB21B-205631**

Amount of Each Disbursement this Period

2059.65

Full Name (Last, First, Middle Initial)

**B. Encompass Elements**

Mailing Address 185 Discovery Drive  
Attn: Cathy Kaspar

City Colmar State PA Zip Code 18915

Purpose of Disbursement  
Postage

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2013

**Transaction ID : SB21B-205633**

Amount of Each Disbursement this Period

62888.92

Full Name (Last, First, Middle Initial)

**C. Encompass Elements**

Mailing Address 185 Discovery Drive  
Attn: Cathy Kaspar

City Colmar State PA Zip Code 18915

Purpose of Disbursement  
Postage

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2013

**Transaction ID : SB21B-205635**

Amount of Each Disbursement this Period

13208.23

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

78156.80

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Encompass Elements**

Mailing Address 185 Discovery Drive  
Attn: Cathy Kaspar

City Colmar State PA Zip Code 18915

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2013

**Transaction ID : SB21B-205636**

Amount of Each Disbursement this Period

2455.86

Full Name (Last, First, Middle Initial)

**B. Encompass Elements**

Mailing Address 185 Discovery Drive  
Attn: Cathy Kaspar

City Colmar State PA Zip Code 18915

Purpose of Disbursement  
Data Management

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2013

**Transaction ID : SB21B-205637**

Amount of Each Disbursement this Period

699.02

Full Name (Last, First, Middle Initial)

**C. Encompass Elements**

Mailing Address 185 Discovery Drive  
Attn: Cathy Kaspar

City Colmar State PA Zip Code 18915

Purpose of Disbursement  
Direct Mail Premiums

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2013

**Transaction ID : SB21B-205638**

Amount of Each Disbursement this Period

12248.98

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

15403.86



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Institute4Change c/0 Dynamic Shared Services**

Mailing Address 1220-C East Joppa Rd, Ste 514

City Baltimore State MD Zip Code 21286

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2013

**Transaction ID : SB21B-205639**

Amount of Each Disbursement this Period

11000.00

Full Name (Last, First, Middle Initial)

**B. Miller's Office Products, Inc.**

Mailing Address PO Box 1537

City Newington State VA Zip Code 22122

Purpose of Disbursement  
Office Supplies Expenses

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2013

**Transaction ID : SB21B-205640**

Amount of Each Disbursement this Period

83.75

Full Name (Last, First, Middle Initial)

**C. Pacific East**

Mailing Address PO Box 439

City Sumas State WA Zip Code 98295-0439

Purpose of Disbursement  
Data Management

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2013

**Transaction ID : SB21B-205641**

Amount of Each Disbursement this Period

85.37

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

11169.12

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Pacific East**

Mailing Address PO Box 439

City Sumas State WA Zip Code 98295-0439

Purpose of Disbursement  
Data Management

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2013

**Transaction ID : SB21B-205642**

Amount of Each Disbursement this Period

265.47

Full Name (Last, First, Middle Initial)

**B. Pacific East**

Mailing Address PO Box 439

City Sumas State WA Zip Code 98295-0439

Purpose of Disbursement  
Data Management

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2013

**Transaction ID : SB21B-205643**

Amount of Each Disbursement this Period

187.28

Full Name (Last, First, Middle Initial)

**C. Pacific East**

Mailing Address PO Box 439

City Sumas State WA Zip Code 98295-0439

Purpose of Disbursement  
Data Management

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2013

**Transaction ID : SB21B-205644**

Amount of Each Disbursement this Period

1435.49

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1888.24

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Pacific East**

Mailing Address PO Box 439

City Sumas State WA Zip Code 98295-0439

Purpose of Disbursement  
Data Management

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2013

Transaction ID : SB21B-205645

Amount of Each Disbursement this Period

75.00

Full Name (Last, First, Middle Initial)

**B. Production Management Group**

Mailing Address 7160 Columbia Gateway Drive  
Suite 300

City Columbia State MD Zip Code 21046

Purpose of Disbursement  
Postage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2013

Transaction ID : SB21B-205646

Amount of Each Disbursement this Period

13489.71

Full Name (Last, First, Middle Initial)

**C. Production Solutions, Inc.**

Mailing Address 1953 Gallows Road  
Suite 600

City Vienna State VA Zip Code 22182

Purpose of Disbursement  
Postage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2013

Transaction ID : SB21B-205647

Amount of Each Disbursement this Period

2900.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

16464.71

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. PTI Communications**

Mailing Address 1334-E Shepard Drive

City Sterling State VA Zip Code 20164-4426

Purpose of Disbursement Telephone

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2013

Transaction ID : SB21B-205648

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Red Top Cab**

Mailing Address P.O. Box 100519

City Arlington State VA Zip Code 22210

Purpose of Disbursement Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2013

Transaction ID : SB21B-205649

Amount of Each Disbursement this Period

82.81

Full Name (Last, First, Middle Initial)

**C. Brittany Ross**

Mailing Address 4875 NW Gustafson Rd

City Silverdale State WA Zip Code 98383

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2013

Transaction ID : SB21B-205650

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1182.81

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Safeguard Shredding Attn: Accounts Receivable**

Mailing Address PO Box 3219

City Oakton State VA Zip Code 22124

Purpose of Disbursement Office Supplies Expenses

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 04 / 2013

Transaction ID : **SB21B-205651**

Amount of Each Disbursement this Period: 109.60

Category/Type

Full Name (Last, First, Middle Initial)

**B. SD&A Teleservices, Inc.**

Mailing Address 5757 West Century Blvd Ste 300

City Los Angeles State CA Zip Code 90045

Purpose of Disbursement Phone Banks

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 04 / 2013

Transaction ID : **SB21B-205653**

Amount of Each Disbursement this Period: 327.75

Category/Type

Full Name (Last, First, Middle Initial)

**C. SD&A Teleservices, Inc.**

Mailing Address 5757 West Century Blvd Ste 300

City Los Angeles State CA Zip Code 90045

Purpose of Disbursement Phone Banks

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 04 / 2013

Transaction ID : **SB21B-205654**

Amount of Each Disbursement this Period: 1485.00

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1922.35

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. SD&A Teleservices, Inc.**

Mailing Address 5757 West Century Blvd  
Ste 300

City Los Angeles State CA Zip Code 90045

Purpose of Disbursement  
Phone Banks

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2013

Transaction ID : SB21B-205655

Amount of Each Disbursement this Period

1890.10

Full Name (Last, First, Middle Initial)

**B. SD&A Teleservices, Inc.**

Mailing Address 5757 West Century Blvd  
Ste 300

City Los Angeles State CA Zip Code 90045

Purpose of Disbursement  
Phone Banks

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2013

Transaction ID : SB21B-205656

Amount of Each Disbursement this Period

9233.81

Full Name (Last, First, Middle Initial)

**C. Alex Sink**

Mailing Address PO Box 219

City Thonotosassa State FL Zip Code 33592

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2013

Transaction ID : SB21B-205657

Amount of Each Disbursement this Period

545.03

See Attached Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

11668.94

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. US Airways**

Mailing Address 4000 E. Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	1	3

**Transaction ID : SB21B-205657-10000**

Amount of Each Disbursement this Period

2	7	0	8	0
---	---	---	---	---

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. Beacon Hotel**

Mailing Address 1615 RHODE ISLAND AVENUE, NW

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	1	3

**Transaction ID : SB21B-205657-20000**

Amount of Each Disbursement this Period

1	9	5	7	7
---	---	---	---	---

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. Tampa Airport Parking**

Mailing Address 5317 Avion Park Dr

City Tampa State FL Zip Code 33607

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	1	3

**Transaction ID : SB21B-205657-30000**

Amount of Each Disbursement this Period

4	0	0	0	0
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**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0	0
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0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. DC Taxicab**

Mailing Address 1636 Bladensburg Rd NE

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		04		2013

**Transaction ID : SB21B-205657-40000**

Amount of Each Disbursement this Period

38.46
-------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. SKB Procurements, Inc**

Mailing Address 1818 N Street NW  
Suite 510

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Office Supplies Expenses

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		04		2013

**Transaction ID : SB21B-205658**

Amount of Each Disbursement this Period

37958.35
----------

Full Name (Last, First, Middle Initial)

**C. Telefund, Inc. Attn:Nicole Lane**

Mailing Address P.O. Box 2366

City Denver State CO Zip Code 80201-2366

Purpose of Disbursement  
Phone Banks

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		04		2013

**Transaction ID : SB21B-205659**

Amount of Each Disbursement this Period

1674.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

39632.35
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Telefund, Inc. Attn:Nicole Lane**

Mailing Address P.O. Box 2366

City State Zip Code  
Denver CO 80201-2366

Purpose of Disbursement  
Phone Banks

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2013

**Transaction ID : SB21B-205660**

Amount of Each Disbursement this Period

315.00

Full Name (Last, First, Middle Initial)

**B. Telefund, Inc. Attn:Nicole Lane**

Mailing Address P.O. Box 2366

City State Zip Code  
Denver CO 80201-2366

Purpose of Disbursement  
Phone Banks

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2013

**Transaction ID : SB21B-205661**

Amount of Each Disbursement this Period

4919.80

Full Name (Last, First, Middle Initial)

**C. Telefund, Inc. Attn:Nicole Lane**

Mailing Address P.O. Box 2366

City State Zip Code  
Denver CO 80201-2366

Purpose of Disbursement  
Phone Banks

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2013

**Transaction ID : SB21B-205662**

Amount of Each Disbursement this Period

4356.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

9590.80

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Telefund, Inc. Attn:Nicole Lane**

Mailing Address P.O. Box 2366

City State Zip Code  
Denver CO 80201-2366

Purpose of Disbursement  
Phone Banks

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-205663**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Telefund, Inc. Attn:Nicole Lane**

Mailing Address P.O. Box 2366

City State Zip Code  
Denver CO 80201-2366

Purpose of Disbursement  
Phone Banks

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-205664**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Tri-State Envelope Corporation**

Mailing Address PO Box 433

City State Zip Code  
Beltsville MD 20704

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-205665**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Tri-State Envelope Corporation**

Mailing Address PO Box 433

City: Beltsville State: MD Zip Code: 20704

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2013

**Transaction ID : SB21B-205666**

Amount of Each Disbursement this Period

436.83

Full Name (Last, First, Middle Initial)

**B. Tri-State Envelope Corporation**

Mailing Address PO Box 433

City: Beltsville State: MD Zip Code: 20704

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2013

**Transaction ID : SB21B-205667**

Amount of Each Disbursement this Period

349.39

Full Name (Last, First, Middle Initial)

**C. Tri-State Envelope Corporation**

Mailing Address PO Box 433

City: Beltsville State: MD Zip Code: 20704

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2013

**Transaction ID : SB21B-205668**

Amount of Each Disbursement this Period

2008.18

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2794.40

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Tri-State Envelope Corporation**

Mailing Address PO Box 433

City State Zip Code  
Beltsville MD 20704

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2013

**Transaction ID : SB21B-205669**

Amount of Each Disbursement this Period

2036.10

Full Name (Last, First, Middle Initial)

**B. Tri-State Envelope Corporation**

Mailing Address PO Box 433

City State Zip Code  
Beltsville MD 20704

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2013

**Transaction ID : SB21B-205670**

Amount of Each Disbursement this Period

505.20

Full Name (Last, First, Middle Initial)

**C. Credo**

Mailing Address PO Box 7015

City State Zip Code  
San Francisco CA 94120

Purpose of Disbursement  
Telephone

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2013

**Transaction ID : SB21B-205672**

Amount of Each Disbursement this Period

359.22

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2900.52

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Your Voice Media**

Mailing Address 1111 Broadway  
Suite 2040

City Oakland State CA Zip Code 94607

Purpose of Disbursement  
Phone Banks

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B-205673**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Your Voice Media**

Mailing Address 1111 Broadway  
Suite 2040

City Oakland State CA Zip Code 94607

Purpose of Disbursement  
Phone Banks

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B-205674**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address 14 Arrow Street

City Cambridge State MA Zip Code 02138

Purpose of Disbursement  
Credit Card Service Charges

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B-206085**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address P.O. Box 0001

City Chicago State IL Zip Code 60679

Purpose of Disbursement  
Credit Card Service Charges

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 05 / 2013

**Transaction ID : SB21B-206017**

Amount of Each Disbursement this Period

702.56

Full Name (Last, First, Middle Initial)

**B. ADP**

Mailing Address P.O. BOX 842854

City Boston State MA Zip Code 02284

Purpose of Disbursement  
Payroll Service

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 05 / 2013

**Transaction ID : SB21B-206090**

Amount of Each Disbursement this Period

220.22

Full Name (Last, First, Middle Initial)

**C. ADP**

Mailing Address P.O. BOX 842854

City Boston State MA Zip Code 02284

Purpose of Disbursement  
Payroll Service

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 05 / 2013

**Transaction ID : SB21B-206286**

Amount of Each Disbursement this Period

132.29

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1055.07

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

### A. ADP

Mailing Address P.O. BOX 842854

City Boston State MA Zip Code 02284

Purpose of Disbursement  
Taxes - Payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 09 / 2013

Transaction ID : SB21B-206091

Amount of Each Disbursement this Period

19.29

Full Name (Last, First, Middle Initial)

### B. Discovery Benefits, Inc.

Mailing Address 3216 13th Avenue South

City Fargo State ND Zip Code 58103

Purpose of Disbursement  
Insurance Health/Life

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 10 / 2013

Transaction ID : SB21B-206094

Amount of Each Disbursement this Period

73.50

Full Name (Last, First, Middle Initial)

### C. ActBlue Technical Services

Mailing Address 14 Arrow Street

City Cambridge State MA Zip Code 02138

Purpose of Disbursement  
Credit Card Service Charges

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-206086

Amount of Each Disbursement this Period

3.18

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

95.97

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

### A. J. Bamberger

Mailing Address 2341 Blue Ridge Drive

City Johnson City State TX Zip Code 78636

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205757

Amount of Each Disbursement this Period

400.00

Category/  
Type

Full Name (Last, First, Middle Initial)

### B. American Express Travel Related Services Co Inc

Mailing Address PO Box 360001

City Ft Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement  
Publication & Dues

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205758

Amount of Each Disbursement this Period

30.00

Category/  
Type

Full Name (Last, First, Middle Initial)

### C. Belardi/Ostroy

Mailing Address PO Box 416022

City Boston State MA Zip Code 02241

Purpose of Disbursement  
List Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205759

Amount of Each Disbursement this Period

270.00

Category/  
Type

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

700.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Belardi/Ostroy**

Mailing Address PO Box 416022

City Boston State MA Zip Code 02241

Purpose of Disbursement  
List Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205760**

Amount of Each Disbursement this Period

160.29

Full Name (Last, First, Middle Initial)

**B. Belardi/Ostroy**

Mailing Address PO Box 416022

City Boston State MA Zip Code 02241

Purpose of Disbursement  
List Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205761**

Amount of Each Disbursement this Period

51.62

Full Name (Last, First, Middle Initial)

**C. Belardi/Ostroy**

Mailing Address PO Box 416022

City Boston State MA Zip Code 02241

Purpose of Disbursement  
List Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205762**

Amount of Each Disbursement this Period

670.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

881.91

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Belardi/Ostroy**

Mailing Address PO Box 416022

City Boston State MA Zip Code 02241

Purpose of Disbursement  
List Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205763

Amount of Each Disbursement this Period

95.00

Full Name (Last, First, Middle Initial)

**B. Jesse Berney**

Mailing Address 428 Jefferson St NW

City Washington State DC Zip Code 20011

Purpose of Disbursement  
Copy Writer

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205764

Amount of Each Disbursement this Period

1200.00

Full Name (Last, First, Middle Initial)

**C. Benenson Strategy Group**

Mailing Address 720 S Colorado Blvd

City Denver State CO Zip Code 80246

Purpose of Disbursement  
Consulting Fundraising

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205765

Amount of Each Disbursement this Period

23000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

24295.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

### A. Blackmesh

Mailing Address 2465 J-17 Centreville Road

City Herndon State VA Zip Code 20171

Purpose of Disbursement  
Internet Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205766

Amount of Each Disbursement this Period

1775.00

### B. Cascade Strategy, Inc.

Mailing Address 4914 43rd Street NW

City Washington State DC Zip Code 20016

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205767

Amount of Each Disbursement this Period

5000.00

### C. Chapman Cubine Adams Hussey

Mailing Address 1600 Wilson Boulevard  
Ste 300

City Arlington State VA Zip Code 22209

Purpose of Disbursement  
Consulting Fundraising

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205769

Amount of Each Disbursement this Period

22830.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

29605.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

### A. Chapman Cubine Adams Hussey

Mailing Address 1600 Wilson Boulevard  
Ste 300

City Arlington State VA Zip Code 22209

Purpose of Disbursement  
Copy Writer

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205770

Amount of Each Disbursement this Period

266.58

Full Name (Last, First, Middle Initial)

### B. Chapman Cubine Adams Hussey

Mailing Address 1600 Wilson Boulevard  
Ste 300

City Arlington State VA Zip Code 22209

Purpose of Disbursement  
Copy Writer

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205771

Amount of Each Disbursement this Period

2233.42

Full Name (Last, First, Middle Initial)

### C. Chapman Cubine Adams Hussey

Mailing Address 1600 Wilson Boulevard  
Ste 300

City Arlington State VA Zip Code 22209

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205772

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Chapman Cubine Adams Hussey**

Mailing Address 1600 Wilson Boulevard  
Ste 300

City Arlington State VA Zip Code 22209

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	11	/	2013

Transaction ID : SB21B-205773

Amount of Each Disbursement this Period

3106.76
---------

Full Name (Last, First, Middle Initial)

**B. Chapman Cubine Adams Hussey**

Mailing Address 1600 Wilson Boulevard  
Ste 300

City Arlington State VA Zip Code 22209

Purpose of Disbursement  
Deliveries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	11	/	2013

Transaction ID : SB21B-205774

Amount of Each Disbursement this Period

10.49
-------

Full Name (Last, First, Middle Initial)

**C. Chapman Cubine Adams Hussey**

Mailing Address 1600 Wilson Boulevard  
Ste 300

City Arlington State VA Zip Code 22209

Purpose of Disbursement  
Design/Graphics

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	11	/	2013

Transaction ID : SB21B-205775

Amount of Each Disbursement this Period

2358.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5475.25
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Chapman Cubine Adams Hussey**

Mailing Address 1600 Wilson Boulevard  
Ste 300

City Arlington State VA Zip Code 22209

Purpose of Disbursement  
Equipment Rental

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205776

Amount of Each Disbursement this Period

680.43

Full Name (Last, First, Middle Initial)

**B. Chapman Cubine Adams Hussey**

Mailing Address 1600 Wilson Boulevard  
Ste 300

City Arlington State VA Zip Code 22209

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205777

Amount of Each Disbursement this Period

16.05

Full Name (Last, First, Middle Initial)

**C. Chapman Cubine Adams Hussey**

Mailing Address 1600 Wilson Boulevard  
Ste 300

City Arlington State VA Zip Code 22209

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205778

Amount of Each Disbursement this Period

58.32

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

754.80

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Amy Dacey**

Mailing Address 4200 Cathedral Ave., NW  
#718

City Washington State DC Zip Code 20016

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-205780**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. DCM**

Mailing Address 330 West 38th Street  
Suite 207

City New York State NY Zip Code 10018

Purpose of Disbursement  
Phone Banks

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-205781**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Dell Business Credit**

Mailing Address PO Box 5275

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement  
Computer Supplies/Hardware

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-205782**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Denise Feriozzi**

Mailing Address 2243 12th Street, NW

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205785**

Amount of Each Disbursement this Period

16.00

Full Name (Last, First, Middle Initial)

**B. Free Range**

Mailing Address 1327 14th Street NW  
Suite 330

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Design/Graphics

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205786**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. GrayHair Software**

Mailing Address 124 Gaither Drive  
Suite 160

City Mount Laurel State NJ Zip Code 08054

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205787**

Amount of Each Disbursement this Period

211.58

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1727.58



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. GrayHair Software**

Mailing Address 124 Gaither Drive  
Suite 160

City Mount Laurel State NJ Zip Code 08054

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : **SB21B-205789**

Amount of Each Disbursement this Period

85.00

Full Name (Last, First, Middle Initial)

**B. Gilbert & Wolfand**

Mailing Address Suite 320  
2201 Wisconsin Ave., NW

City Washington, DC State DC Zip Code 20007

Purpose of Disbursement  
Accounting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : **SB21B-205790**

Amount of Each Disbursement this Period

12500.00

Full Name (Last, First, Middle Initial)

**C. G.Neil**

Mailing Address Po Box 451179

City Sunrise State FL Zip Code 33345

Purpose of Disbursement  
Publication & Dues

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : **SB21B-205791**

Amount of Each Disbursement this Period

59.99

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

12644.99

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. MMI Direct**

Mailing Address 7160 Columbia Gateway Drive  
Suite 300

City Columbia State MD Zip Code 21046

Purpose of Disbursement  
List Rental

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205793**

Amount of Each Disbursement this Period

120.63

Full Name (Last, First, Middle Initial)

**B. National Journal Group Inc.**

Mailing Address PO Box 64408

City Baltimore State MD Zip Code 21264

Purpose of Disbursement  
Publication & Dues

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205795**

Amount of Each Disbursement this Period

13886.00

Full Name (Last, First, Middle Initial)

**C. NGP VAN, Inc**

Mailing Address 1101 15th Street, NW  
Ste 500

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Computer Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205796**

Amount of Each Disbursement this Period

3000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

17006.63

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Julie Petrick**

Mailing Address 2328 2nd Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	11	/	2013

**Transaction ID : SB21B-205799**

Amount of Each Disbursement this Period

116.35
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Full Name (Last, First, Middle Initial)

**B. Production Solutions, Inc.**

Mailing Address 1953 Gallows Road  
Suite 600

City Vienna State VA Zip Code 22182

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	11	/	2013

**Transaction ID : SB21B-205800**

Amount of Each Disbursement this Period

898.59
--------

Full Name (Last, First, Middle Initial)

**C. Red Top Cab**

Mailing Address P.O. Box 100519

City Arlington State VA Zip Code 22210

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	11	/	2013

**Transaction ID : SB21B-205801**

Amount of Each Disbursement this Period

133.53
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1148.47
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Stephanie Schriock**

Mailing Address 3225 Valley Drive

City Alexandria State VA Zip Code 22302

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205803

Amount of Each Disbursement this Period

245.10

Full Name (Last, First, Middle Initial)

**B. SD&A Teleservices, Inc.**

Mailing Address 5757 West Century Blvd Ste 300

City Los Angeles State CA Zip Code 90045

Purpose of Disbursement  
Phone Banks

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205804

Amount of Each Disbursement this Period

920.00

Full Name (Last, First, Middle Initial)

**C. SD&A Teleservices, Inc.**

Mailing Address 5757 West Century Blvd Ste 300

City Los Angeles State CA Zip Code 90045

Purpose of Disbursement  
Phone Banks

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205805

Amount of Each Disbursement this Period

1238.20

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2403.30

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. SD&A Teleservices, Inc.**

Mailing Address 5757 West Century Blvd  
Ste 300

City Los Angeles State CA Zip Code 90045

Purpose of Disbursement  
Phone Banks

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-205806**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. SD&A Teleservices, Inc.**

Mailing Address 5757 West Century Blvd  
Ste 300

City Los Angeles State CA Zip Code 90045

Purpose of Disbursement  
Phone Banks

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-205807**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. SD&A Teleservices, Inc.**

Mailing Address 5757 West Century Blvd  
Ste 300

City Los Angeles State CA Zip Code 90045

Purpose of Disbursement  
Phone Banks

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-205808**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Sedgwick Claims Management**

Mailing Address 36392 Treasury Center

City Chicago State IL Zip Code 60694

Purpose of Disbursement  
Insurance General

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205809**

Amount of Each Disbursement this Period

80.00

Full Name (Last, First, Middle Initial)

**B. Ryan Sims**

Mailing Address 1717 E. Capitol Street SE  
Apt. 262

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205810**

Amount of Each Disbursement this Period

468.29

Full Name (Last, First, Middle Initial)

**C. Melanie Smith**

Mailing Address 2100 Connecticut Ave, NW  
Apartment 609

City Washington State DC Zip Code 20008

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205811**

Amount of Each Disbursement this Period

18.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

566.29

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Telefund, Inc. Attn:Nicole Lane**

Mailing Address P.O. Box 2366

City State Zip Code  
Denver CO 80201-2366

Purpose of Disbursement  
Phone Banks

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-205812**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Telefund, Inc. Attn:Nicole Lane**

Mailing Address P.O. Box 2366

City State Zip Code  
Denver CO 80201-2366

Purpose of Disbursement  
Phone Banks

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-205813**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Telefund, Inc. Attn:Nicole Lane**

Mailing Address P.O. Box 2366

City State Zip Code  
Denver CO 80201-2366

Purpose of Disbursement  
Phone Banks

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-205814**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. United Parcel Service**

Mailing Address P. O. Box 7247-0244

City Philadelphia State PA Zip Code 19170-0001

Purpose of Disbursement  
Deliveries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205815**

Amount of Each Disbursement this Period

24.83

Full Name (Last, First, Middle Initial)

**B. United Parcel Service**

Mailing Address P. O. Box 7247-0244

City Philadelphia State PA Zip Code 19170-0001

Purpose of Disbursement  
Deliveries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205816**

Amount of Each Disbursement this Period

104.91

Full Name (Last, First, Middle Initial)

**C. United Parcel Service**

Mailing Address P. O. Box 7247-0244

City Philadelphia State PA Zip Code 19170-0001

Purpose of Disbursement  
Deliveries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205817**

Amount of Each Disbursement this Period

33.34

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

163.08



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. United Parcel Service**

Mailing Address P. O. Box 7247-0244

City Philadelphia State PA Zip Code 19170-0001

Purpose of Disbursement  
Deliveries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205818**

Amount of Each Disbursement this Period

47.38

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. United Parcel Service**

Mailing Address P. O. Box 7247-0244

City Philadelphia State PA Zip Code 19170-0001

Purpose of Disbursement  
Deliveries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205819**

Amount of Each Disbursement this Period

56.67

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address Suite 0001

City Chicago State IL Zip Code 60679-0001

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205820**

Amount of Each Disbursement this Period

2478.73

Category/  
Type

See Attached Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2582.78

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. HYATT HOTELS NEW BRU</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address 2 ALBANY ST		<b>Transaction ID : SB21B-205820-10000</b>
City NEW BRUNSWICK	State NJ	
Zip Code 08901-1236	Purpose of Disbursement Travel/Accommodation /Meals	Amount of Each Disbursement this Period 190.90
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> Memo Entry
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. HYATT HOTELS NEW BRU</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address 2 ALBANY ST		<b>Transaction ID : SB21B-205820-20000</b>
City NEW BRUNSWICK	State NJ	
Zip Code 08901-1236	Purpose of Disbursement Travel/Accommodation /Meals	Amount of Each Disbursement this Period 4.00
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> Memo Entry
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. HYATT HOTELS NEW BRU</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address 2 ALBANY ST		<b>Transaction ID : SB21B-205820-30000</b>
City NEW BRUNSWICK	State NJ	
Zip Code 08901-1236	Purpose of Disbursement Travel/Accommodation /Meals	Amount of Each Disbursement this Period 502.45
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> Memo Entry
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. TARGET T1076 1076**

Mailing Address 3101 JEFFERSON DAVIS HWY

City ALEXANDRIA State VA Zip Code 22305-3000

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	11	/	2013

Transaction ID : SB21B-205820-40000

Amount of Each Disbursement this Period

8.38
------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. USB MEMORY DIRECT**

Mailing Address 20885 NE 30TH PL

City HOLLYWOOD State FL Zip Code 33180-3615

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	11	/	2013

Transaction ID : SB21B-205820-50000

Amount of Each Disbursement this Period

987.50
--------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. NEW BRUNSWICK BBQ 54**

Mailing Address 5 EASTON AVE

City NEW BRUNSWICK State NJ Zip Code 08901

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	11	/	2013

Transaction ID : SB21B-205820-60000

Amount of Each Disbursement this Period

70.00
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**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. NEW BRUNSWICK BBQ 54</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address 5 EASTON AVE		<b>Transaction ID : SB21B-205820-70000</b>
City NEW BRUNSWICK	State NJ	
Zip Code 08901	Purpose of Disbursement Travel/Accommodation /Meals	Amount of Each Disbursement this Period 38.25
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> Memo Entry
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. UNION STATION PARKIN</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address 30 MASSACHUSETTS AVE NE		<b>Transaction ID : SB21B-205820-80000</b>
City WASHINGTON	State DC	
Zip Code 20002-4225	Purpose of Disbursement Travel/Accommodation /Meals	Amount of Each Disbursement this Period 44.00
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> Memo Entry
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AMTRAK</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address 60 MASSACHUSETTS AVE NE		<b>Transaction ID : SB21B-205820-90000</b>
City WASHINGTON	State DC	
Zip Code 20002	Purpose of Disbursement Travel/Accommodation /Meals	Amount of Each Disbursement this Period 300.00
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> Memo Entry
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

## A. UNION STATION PARKIN

Mailing Address 30 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002-4225

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2013

Transaction ID : SB21B-205820-10000

Amount of Each Disbursement this Period

66.00
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[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

## B. AMTRAK

Mailing Address 60 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2013

Transaction ID : SB21B-205820-110000

Amount of Each Disbursement this Period

71.00
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[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

## C. AMTRAK NRTHEAST CAFE

Mailing Address 60 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002-4285

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2013

Transaction ID : SB21B-205820-120000

Amount of Each Disbursement this Period

16.25
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[MEMO ITEM]  
Memo Entry

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. AMTRAK**

Mailing Address 60 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205820-130000**

Amount of Each Disbursement this Period

76.00

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. AMTRAK**

Mailing Address 60 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205820-140000**

Amount of Each Disbursement this Period

104.00

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 360001

City Ft. Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205821**

Amount of Each Disbursement this Period

578.73

See Attached Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

578.73

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. HOTELS.COM US1119980**

Mailing Address 333 108TH AVE NE

City Bellevue State NV Zip Code 98004-5736

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205821-10000**

Amount of Each Disbursement this Period

140.73

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. HOTELS.COM US1119981**

Mailing Address 333 108TH AVE NE

City Bellevue State NV Zip Code 98004-5736

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205821-20000**

Amount of Each Disbursement this Period

119.22

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. GOGOAIR.COM**

Mailing Address 303 S TECHNOLOGY CT

City Broomfield State IL Zip Code 80021-3411

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205821-30000**

Amount of Each Disbursement this Period

39.95

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. MCDONALD'S F31398 00**

Mailing Address A-B FOOD COURT SW TERMINA

City State Zip Code  
BALTIMORE MD 21240-2004

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21B-205821-40000

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. MCDONALD'S F30788 00**

Mailing Address 5700 S CICERO AVE

City State Zip Code  
CHICAGO IL 60638-3831

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21B-205821-50000

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. DUNKIN #338802 Q**

Mailing Address 200 E OHIO ST

City State Zip Code  
CHICAGO IL 60611-7269

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21B-205821-60000

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. LOU MALNATI'S PIZZER**

Mailing Address 805 S STATE ST

City CHICAGO State IL Zip Code 60605-2225

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205821-70000

Amount of Each Disbursement this Period

62.71

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. M/Taxi Service M/Tax**

Mailing Address 110 5TH ST

City Chicago State IL Zip Code 94103-2918

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205821-80000

Amount of Each Disbursement this Period

35.25

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. VIAND STARBUCKS@CYBM**

Mailing Address 165 E ONTARIO ST

City CHICAGO State IL Zip Code 60611-2822

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205821-90000

Amount of Each Disbursement this Period

4.59

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. CHICAGO TAXI 2 CITY**

Mailing Address CHICAGO TAXI 2

City State Zip Code  
LONG ISLAND CITY NY 11101-3502

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-205821-10000**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. 1724 L ST AUBONPAIN**

Mailing Address 1724 L ST NW

City State Zip Code  
WASHINGTON DC 20036-5406

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-205821-110000**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. Renaissance9671NMAYF**

Mailing Address 1127 CONNECTICUT AVE NW

City State Zip Code  
WASHINGTON DC 20036-4301

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-205821-120000**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. AMTRAK**

Mailing Address 60 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-205821-130000**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. AMTRAK**

Mailing Address 60 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-205821-140000**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 360001

City Ft. Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-205822**

Amount of Each Disbursement this Period

See Attached Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. NATIONAL CAR RENTAL**

Mailing Address 9 PARK PL.

City State Zip Code  
Great Neck NY 11021

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205822-10000**

Amount of Each Disbursement this Period  
43.00

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. NATIONAL CAR RENTAL**

Mailing Address 9 PARK PL.

City State Zip Code  
Great Neck NY 11021

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205822-20000**

Amount of Each Disbursement this Period  
3.00

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. NATIONAL CAR RENTAL**

Mailing Address 9 PARK PL.

City State Zip Code  
Great Neck NY 11021

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205822-30000**

Amount of Each Disbursement this Period  
6.95

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. NATIONAL CAR RENTAL**

Mailing Address 9 PARK PL.

City State Zip Code  
Great Neck NY 11021

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	1			2	0	1	3		

**Transaction ID : SB21B-205822-40000**

Amount of Each Disbursement this Period

1	4	.	6	0
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**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. HYATT HOTELS NEW BRU**

Mailing Address 2 ALBANY ST

City State Zip Code  
NEW BRUNSWICK NJ 08901-1236

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	1			2	0	1	3		

**Transaction ID : SB21B-205822-50000**

Amount of Each Disbursement this Period

3	.	0	0
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**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. HYATT HOTELS NEW BRU**

Mailing Address 2 ALBANY ST

City State Zip Code  
NEW BRUNSWICK NJ 08901-1236

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	1			2	0	1	3		

**Transaction ID : SB21B-205822-60000**

Amount of Each Disbursement this Period

2	0	7	.	1	2
---	---	---	---	---	---

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	.	0	0
---	---	---	---

0	.	0	0
---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. HYATT HOTELS NEW BRU**

Mailing Address 2 ALBANY ST

City NEW BRUNSWICK State NJ Zip Code 08901-1236

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205822-70000

Amount of Each Disbursement this Period

6.00

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. HYATT HOTELS NEW BRU**

Mailing Address 2 ALBANY ST

City NEW BRUNSWICK State NJ Zip Code 08901-1236

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205822-80000

Amount of Each Disbursement this Period

48.00

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. HYATT HOTELS NEW BRU**

Mailing Address 2 ALBANY ST

City NEW BRUNSWICK State NJ Zip Code 08901-1236

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205822-90000

Amount of Each Disbursement this Period

499.65

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. HILTON BOSTON DOWNTOWN**

Mailing Address 89 BROAD ST

City BOSTON State MA Zip Code 02110

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2013

Transaction ID : SB21B-205822-10000

Amount of Each Disbursement this Period

761.31
--------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. BRUEGGERS #274 54292**

Mailing Address 7 SCHOOL ST

City BOSTON State MA Zip Code 02108-4305

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2013

Transaction ID : SB21B-205822-11000

Amount of Each Disbursement this Period

17.27
-------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. LEAN N GREEN GOURMET**

Mailing Address 300 TERMINAL C (LOGAN )

City BOSTON State MA Zip Code 02128

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2013

Transaction ID : SB21B-205822-12000

Amount of Each Disbursement this Period

3.41
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**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. NIX`S MATE**

Mailing Address 89 BROAD ST

City BOSTON State MA Zip Code 02110-3509

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205822-130000

Amount of Each Disbursement this Period

54.63

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. JETBLUE AIRWAYS**

Mailing Address 6322 S 3000 E

City BOSTON State OK Zip Code 84121-6945

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205822-140000

Amount of Each Disbursement this Period

40.00

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. NATIONAL CAR RENTAL**

Mailing Address BOSTON LOGAN INTL ARPT

City EAST BOSTON State MA Zip Code 02128

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205822-150000

Amount of Each Disbursement this Period

25.73

[MEMO ITEM]  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

0.00

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. AVIS RENT A CAR**

Mailing Address 1570 S WASHINGTON AVE

City EDISON State NJ Zip Code 08854-3964

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	11	/	2013

**Transaction ID : SB21B-205822-160000**

Amount of Each Disbursement this Period

167.29
--------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. DUNKIN #302886 Q**

Mailing Address 490 US HIGHWAY 1

City EDISON State NJ Zip Code 08817-4440

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	11	/	2013

**Transaction ID : SB21B-205822-170000**

Amount of Each Disbursement this Period

4.26
------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. CHESAPEAKE MARKET PL**

Mailing Address CHESAPEAKE HOUSE

City ELKTON State MD Zip Code 21921

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	11	/	2013

**Transaction ID : SB21B-205822-180000**

Amount of Each Disbursement this Period

7.39
------

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. SHELL OIL 5754231530**

Mailing Address 12700 NORTHBOROUGH DR

City State Zip Code  
FAIRFIELD CT 77067-2552

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205822-190000

Amount of Each Disbursement this Period

3.86

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. SHELL OIL 5754231530**

Mailing Address 12700 NORTHBOROUGH DR

City State Zip Code  
FAIRFIELD CT 77067-2552

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205822-200000

Amount of Each Disbursement this Period

27.46

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. NYC TAXI 3C37 090084**

Mailing Address 7261 150TH ST

City State Zip Code  
FLUSHING NY 11367-2573

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205822-210000

Amount of Each Disbursement this Period

26.25

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

## A. METRO PARK CAFE #123

Mailing Address 100 MIDDLESEX ESSEX TRNPK

City ISELIN State NJ Zip Code 08830

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2013

Transaction ID : SB21B-205822-220000

Amount of Each Disbursement this Period

3.76
------

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

## B. JETBLUE AIRWAYS

Mailing Address 6322 S 3000 E

City Salt Lake City State NY Zip Code 84121-6945

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2013

Transaction ID : SB21B-205822-230000

Amount of Each Disbursement this Period

20.00
-------

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

## C. JETBLUE AIRWAYS

Mailing Address 6322 S 3000 E

City Salt Lake City State NY Zip Code 84121-6945

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2013

Transaction ID : SB21B-205822-240000

Amount of Each Disbursement this Period

263.90
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[MEMO ITEM]  
Memo Entry

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. BOSTON TAXI VTS BOST**

Mailing Address 3703 21ST ST

City LONG ISLAND CITY State NY Zip Code 11101-3502

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205822-250000

Amount of Each Disbursement this Period

9.80

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. BOSTON TAXI VTS BOST**

Mailing Address 3703 21ST ST

City LONG ISLAND CITY State NY Zip Code 11101-3502

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205822-260000

Amount of Each Disbursement this Period

30.54

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. PILOT 255 00255**

Mailing Address 433 OLD GATE LN

City MILFORD State CT Zip Code 06460-8626

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205822-270000

Amount of Each Disbursement this Period

4.65

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. EXXONMOBIL**

Mailing Address CUST SVC 1 800 243-9966

City NEW BRUNSWICK State NJ Zip Code 64141

Purpose of Disbursement Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205822-280000**

Amount of Each Disbursement this Period: 15.00

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. NEW BRUNSWICK DINER**

Mailing Address 1 PENN PLAZA

City NEW BRUNSWICK State NJ Zip Code 08901

Purpose of Disbursement Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205822-290000**

Amount of Each Disbursement this Period: 21.18

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. NEW BRUNSWICK PARKIN**

Mailing Address 1 PENN PLZ

City NEW BRUNSWICK State NJ Zip Code 08901-2162

Purpose of Disbursement Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205822-300000**

Amount of Each Disbursement this Period: 8.00

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. GEORGE STREET ALE HO**

Mailing Address 378 GEORGE ST

City NEW BRUNSWICK State NJ Zip Code 08901-2004

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	3

Transaction ID : SB21B-205822-310000

Amount of Each Disbursement this Period

7	2	.	1	3
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**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. NEW BRUNSWICK DINER**

Mailing Address 1 PENN PLAZA

City NEW BRUNSWICK State NJ Zip Code 08901

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	3

Transaction ID : SB21B-205822-320000

Amount of Each Disbursement this Period

2	3	.	9	5
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**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. OLD MAN RAFFERTYS NE**

Mailing Address 106 ALBANY ST

City NEW BRUNSWICK State NJ Zip Code 08901-2106

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	3

Transaction ID : SB21B-205822-330000

Amount of Each Disbursement this Period

1	1	.	9	6
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**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

0	0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. NEW BRUNSWICK BBQ 54**

Mailing Address 5 EASTON AVE

City NEW BRUNSWICK State NJ Zip Code 08901

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205822-340000

Amount of Each Disbursement this Period

39.75

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. NEW BRUNSWICK PARKIN**

Mailing Address 1 PENN PLZ

City NEW BRUNSWICK State NJ Zip Code 08901-2162

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205822-350000

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. THE FRESH GROCER - N**

Mailing Address 100 KIRKPATRICK ST

City NEW BRUNSWICK State NJ Zip Code 08901

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205822-360000

Amount of Each Disbursement this Period

10.34

[MEMO ITEM]  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. HYATT HOTELS F/B 154**

Mailing Address 2 ALBANY ST

City NEW BRUNSWICK State NJ Zip Code 08901-1236

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205822-370000

Amount of Each Disbursement this Period

34.50

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. STAGE DOOR DELI 1390**

Mailing Address 26 VESEY ST

City NEW YORK State NY Zip Code 10007-2906

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205822-380000

Amount of Each Disbursement this Period

5.29

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. STAGE DOOR DELI 1390**

Mailing Address 26 VESEY ST

City NEW YORK State NY Zip Code 10007-2906

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205822-390000

Amount of Each Disbursement this Period

5.68

[MEMO ITEM]  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

0.00

**TOTAL** This Period (last page this line number only)..... ▶



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

### A. AMTRAK NRTHEAST CAFE

Mailing Address 60 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002-4285

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205822-400000

Amount of Each Disbursement this Period

8.00

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

### B. AMTRAK ACELA CAFE Q

Mailing Address 60 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205822-410000

Amount of Each Disbursement this Period

3.00

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

### C. AMTRAK ACELA CAFE Q

Mailing Address 60 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205822-420000

Amount of Each Disbursement this Period

4.25

[MEMO ITEM]  
Memo Entry

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. PRET MANAGER 42**

Mailing Address 50 MASSACHUSETTS AVE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205822-430000

Amount of Each Disbursement this Period

14.92

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. AMTRAK**

Mailing Address 60 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205822-440000

Amount of Each Disbursement this Period

384.00

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. EINSTEIN BROS BAGLES**

Mailing Address 50 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205822-450000

Amount of Each Disbursement this Period

5.05

[MEMO ITEM]  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. AMTRAK**

Mailing Address 60 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2013

Transaction ID : SB21B-205822-460000

Amount of Each Disbursement this Period

75.00
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**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. AMTRAK ACELA CAFE Q**

Mailing Address 60 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2013

Transaction ID : SB21B-205822-470000

Amount of Each Disbursement this Period

6.25
------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. AMTRAK ACELA CAFE Q**

Mailing Address 60 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2013

Transaction ID : SB21B-205822-480000

Amount of Each Disbursement this Period

8.25
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**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. AMTRAK ACELA CAFE Q**

Mailing Address 60 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205822-490000

Amount of Each Disbursement this Period

10.25

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. NATIONAL CAR RENTAL**

Mailing Address 50 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205822-500000

Amount of Each Disbursement this Period

99.03

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. AMTRAK**

Mailing Address 60 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205822-510000

Amount of Each Disbursement this Period

306.00

[MEMO ITEM]  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. PMI 1741 L. ST. 5429**

Mailing Address 1741 L ST NW

City WASHINGTON State DC Zip Code 20036-5404

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

**Transaction ID : SB21B-205822-520000**

Amount of Each Disbursement this Period

15.00

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. NATIONAL CAR RENTAL**

Mailing Address 1 AVIATION CIRCLE

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

**Transaction ID : SB21B-205822-530000**

Amount of Each Disbursement this Period

694.04

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. TAYLOR GOURMET 1116H**

Mailing Address 1116 H ST NE

City WASHINGTON State DC Zip Code 20002-4443

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

**Transaction ID : SB21B-205822-540000**

Amount of Each Disbursement this Period

23.53

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 360001

City Ft. Lauderdale State FL Zip Code 33336

Purpose of Disbursement  
Office Supplies Expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205824**

Amount of Each Disbursement this Period

89.25

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

**B. TLF LEHRERS FLOWERS**

Mailing Address 3737 NW 34TH ST

City DENVER State CO Zip Code 73112-3353

Purpose of Disbursement  
Office Supplies Expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205824-10000**

Amount of Each Disbursement this Period

89.25

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 360001

City Ft. Lauderdale State FL Zip Code 33336

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205825**

Amount of Each Disbursement this Period

3364.48

See Attached Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3453.73

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. US AIRWAYS**

Mailing Address ATTN RWE-STX

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205825-10000

Amount of Each Disbursement this Period

88.90

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. US AIRWAYS**

Mailing Address ATTN RWE-STX

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205825-20000

Amount of Each Disbursement this Period

580.90

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. CROWNE PLAZA 0064**

Mailing Address 27 N 27TH ST

City BILLINGS State MT Zip Code 59101-2357

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205825-30000

Amount of Each Disbursement this Period

230.92

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

0.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. JAKES RESTAURANT**

Mailing Address 2701 1ST AVE N

City BILLINGS State MT Zip Code 59101

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

**Transaction ID : SB21B-205825-40000**

Amount of Each Disbursement this Period

87.90

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. NYC TAXI MED 3H96 09**

Mailing Address 1500 MCDONALD AVE

City BROOKLYN State NY Zip Code 11230-5513

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

**Transaction ID : SB21B-205825-50000**

Amount of Each Disbursement this Period

10.62

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. HOTEL MONACO CHICAGO**

Mailing Address 225 N WABASH AVE

City CHICAGO State IL Zip Code 60601-2404

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

**Transaction ID : SB21B-205825-60000**

Amount of Each Disbursement this Period

161.79

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. TAXI AFFILIATION SVC**

Mailing Address 2230 S MICHIGAN AVE

City CHICAGO State IL Zip Code 60616-4663

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	3

Transaction ID : SB21B-205825-70000

Amount of Each Disbursement this Period

4	9	.	6	5
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**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. WOLFGANG PUCK 258315**

Mailing Address BUILDING 6-O'HARE FIELD

City CHICAGO State IL Zip Code 60666

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	3

Transaction ID : SB21B-205825-80000

Amount of Each Disbursement this Period

1	8	.	1	2
---	---	---	---	---

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. SOUTH WATER KITCHEN**

Mailing Address 225 N WABASH AVE

City CHICAGO State IL Zip Code 60601-2404

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	3

Transaction ID : SB21B-205825-90000

Amount of Each Disbursement this Period

2	1	.	6	8
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**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

0	0	.	0	0
---	---	---	---	---

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. TAXICAB TRANSPORTATI**

Mailing Address 5200 N OTTO AVE

City CHICAGO State IL Zip Code 60656-1011

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	3

Transaction ID : SB21B-205825-10000

Amount of Each Disbursement this Period

4	8	.	3	1
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**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. MUSIC EXPRESS EAST M**

Mailing Address 475 BOULEVARD

City ELMWOOD PARK State NJ Zip Code 07407-2040

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	3

Transaction ID : SB21B-205825-11000

Amount of Each Disbursement this Period

1	3	.	5	7
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**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. UNITED AIRLINES**

Mailing Address DEPT HQJ-CM

City HOUSTON State TX Zip Code 77002-7363

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	3

Transaction ID : SB21B-205825-12000

Amount of Each Disbursement this Period

4	9	.	0	0
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**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

0	0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. UNITED AIRLINES**

Mailing Address 600 JEFFERSON ST

City HOUSTON State TX Zip Code 77002-7393

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	3

Transaction ID : SB21B-205825-130000

Amount of Each Disbursement this Period

6	3	7	.	8	0
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**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. LAGUARDIA USA, LLC**

Mailing Address US ARIWAYS TERMINAL

City JAMAICA State NY Zip Code 11371

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	3

Transaction ID : SB21B-205825-140000

Amount of Each Disbursement this Period

2	1	.	4	2
---	---	---	---	---

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. NYC TAXI MED 6G62 09**

Mailing Address 3017 40TH AVE

City LONG ISLAND CITY State NY Zip Code 11101-2811

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	3

Transaction ID : SB21B-205825-150000

Amount of Each Disbursement this Period

4	7	.	2	8
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**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Hilton Hotels 65367**

Mailing Address 1335 AVENUE OF THE AMERIC

City New York State NY Zip Code 10019-6012

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	1			2	0	1	3		

**Transaction ID : SB21B-205825-160000**

Amount of Each Disbursement this Period

2	9	.	9	8
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**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. RADISSON PHILADELPHI**

Mailing Address 1701 LOCUST ST

City PHILADELPHIA State PA Zip Code 19103-6120

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	1			2	0	1	3		

**Transaction ID : SB21B-205825-170000**

Amount of Each Disbursement this Period

2	6	1	.	1	7
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**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. HOTEL KABUKI 0097**

Mailing Address 1625 POST ST

City SAN FRANCISCO State CA Zip Code 94115-3603

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	1			2	0	1	3		

**Transaction ID : SB21B-205825-180000**

Amount of Each Disbursement this Period

5	.	4	4
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**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

0	.	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. HOTEL KABUKI 0097**

Mailing Address 1625 POST ST

City State Zip Code  
SAN FRANCISCO CA 94115-3603

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	11	/	2013

**Transaction ID : SB21B-205825-190000**

Amount of Each Disbursement this Period

310.52
--------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. DOUBLETREE GUEST STE**

Mailing Address 1707 4TH ST

City State Zip Code  
SANTA MONICA CA 90401-3301

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	11	/	2013

**Transaction ID : SB21B-205825-200000**

Amount of Each Disbursement this Period

332.46
--------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. SKD TAXI SERVICES**

Mailing Address 2355 ERIN PL

City State Zip Code  
SOUTH SAN FRANCISCO CA 94080

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	11	/	2013

**Transaction ID : SB21B-205825-210000**

Amount of Each Disbursement this Period

50.00
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**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. UNITED AIRLINES**

Mailing Address DEPT HQJ-CM

City WASHINGTON State DC Zip Code 77002-7363

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205825-220000

Amount of Each Disbursement this Period

89.00

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. AMTRAK**

Mailing Address 60 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205825-230000

Amount of Each Disbursement this Period

95.90

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address P.O. Box 360001

City Fort Lauderdale State FL Zip Code 33336

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205826

Amount of Each Disbursement this Period

2638.14

See Attached Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2638.14

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. HUDSON NEWS**

Mailing Address UNIT #1

City CARSON State CA Zip Code 90746

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	1			2	0	1	3		

Transaction ID : SB21B-205826-10000

Amount of Each Disbursement this Period

1	4	.	2	4
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**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. JUICE EXPRESS 0231**

Mailing Address 5757 WAYNE NEWTON BLVD

City LAS VEGAS State NV Zip Code 89119

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	1			2	0	1	3		

Transaction ID : SB21B-205826-20000

Amount of Each Disbursement this Period

8	.	6	8
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**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. HUDSON NEWS**

Mailing Address LAS VEGAS DISTRIBUTION CE

City LAS VEGAS State NV Zip Code 89119

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	1			2	0	1	3		

Transaction ID : SB21B-205826-30000

Amount of Each Disbursement this Period

6	.	6	8
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**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	.	0	0
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0	.	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. CHEVRON TRIRBL HRBST</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address 2003 DIAMOND BLVD		<b>Transaction ID : SB21B-205826-40000</b>
City LAS VEGAS	State NV	
Zip Code 94520-5738	Purpose of Disbursement Travel/Accommodation /Meals	Amount of Each Disbursement this Period 52.97
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> Memo Entry
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. HERTZ CAR RENTAL</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address CREDIT BILLING BILLING		<b>Transaction ID : SB21B-205826-50000</b>
City LAS VEGAS	State NV	
Zip Code 73134	Purpose of Disbursement Travel/Accommodation /Meals	Amount of Each Disbursement this Period 387.41
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> Memo Entry
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. HERTZ CAR RENTAL</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address CREDIT BILLING BILLING		<b>Transaction ID : SB21B-205826-60000</b>
City LOS ANGELES	State CA	
Zip Code 73134	Purpose of Disbursement Travel/Accommodation /Meals	Amount of Each Disbursement this Period 164.35
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> Memo Entry
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. SHELL OIL 5744271880</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address 12700 NORTHBOROUGH DR		<b>Transaction ID : SB21B-205826-70000</b>
City LOS ANGELES	State CA	
Zip Code 77067-2552	Purpose of Disbursement Travel/Accommodation /Meals	Amount of Each Disbursement this Period 30.53
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> Memo Entry
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. KATSUYA HOLLYWOOD 54</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address 6300 HOLLYWOOD BLVD		<b>Transaction ID : SB21B-205826-80000</b>
City LOS ANGELES	State CA	
Zip Code 90028-6303	Purpose of Disbursement Travel/Accommodation /Meals	Amount of Each Disbursement this Period 57.51
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> Memo Entry
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. HOTEL WILSHIRE 0009</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address 6317 WILSHIRE BLVD		<b>Transaction ID : SB21B-205826-90000</b>
City LOS ANGELES	State CA	
Zip Code 90048	Purpose of Disbursement Travel/Accommodation /Meals	Amount of Each Disbursement this Period 273.26
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> Memo Entry
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

**A. HERTZ CAR RENTAL**

Full Name (Last, First, Middle Initial)

Mailing Address CREDIT BILLING BILLING

City LOS ANGELES State CA Zip Code 73134

Purpose of Disbursement Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 11 / 2013

Transaction ID : SB21B-205826-10000

Amount of Each Disbursement this Period: 81.48

[MEMO ITEM]  
Memo Entry

**B. LA CITY PARKING METE**

Full Name (Last, First, Middle Initial)

Mailing Address 139 S GEORGE BURNS RD

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 11 / 2013

Transaction ID : SB21B-205826-110000

Amount of Each Disbursement this Period: 10.50

[MEMO ITEM]  
Memo Entry

**C. SHELL OIL 5744271880**

Full Name (Last, First, Middle Initial)

Mailing Address 12700 NORTHBOROUGH DR

City LOS ANGELES State CA Zip Code 77067-2552

Purpose of Disbursement Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 11 / 2013

Transaction ID : SB21B-205826-120000

Amount of Each Disbursement this Period: 14.76

[MEMO ITEM]  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. KATSUYA HOLLYWOOD 54</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address 6300 HOLLYWOOD BLVD		<b>Transaction ID : SB21B-205826-130000</b>
City LOS ANGELES	State CA	
Zip Code 90028-6303	Purpose of Disbursement Travel/Accommodation /Meals	Amount of Each Disbursement this Period 44.88
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> Memo Entry
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PT HILTON SQUAW PEAK</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address 7677 N 16TH ST		<b>Transaction ID : SB21B-205826-140000</b>
City PHOENIX	State AZ	
Zip Code 85020-4434	Purpose of Disbursement Travel/Accommodation /Meals	Amount of Each Disbursement this Period 837.24
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> Memo Entry
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SHELL OIL 5744225780</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address 12700 NORTHBOROUGH DR		<b>Transaction ID : SB21B-205826-150000</b>
City PHOENIX	State AZ	
Zip Code 77067-2552	Purpose of Disbursement Travel/Accommodation /Meals	Amount of Each Disbursement this Period 44.03
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> Memo Entry
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. RICHARDSON'S CUISINE</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address 6008 N 16TH ST		<b>Transaction ID : SB21B-205826-160000</b>
City PHOENIX	State AZ	
Purpose of Disbursement Travel/Accommodation /Meals		Amount of Each Disbursement this Period 38.06
Candidate Name		<b>[MEMO ITEM]</b> Memo Entry
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. AUNT CHILADA'S 54292</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address 7677 N 16TH ST		<b>Transaction ID : SB21B-205826-170000</b>
City PHOENIX	State AZ	
Purpose of Disbursement Travel/Accommodation /Meals		Amount of Each Disbursement this Period 42.64
Candidate Name		<b>[MEMO ITEM]</b> Memo Entry
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>C. SHERATON GRAND HOTEL</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address 1230 J ST		<b>Transaction ID : SB21B-205826-180000</b>
City SACRAMENTO	State CA	
Purpose of Disbursement Travel/Accommodation /Meals		Amount of Each Disbursement this Period 224.43
Candidate Name		<b>[MEMO ITEM]</b> Memo Entry
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. HILTON HOTELS LA 000**

Mailing Address 555 UNIVERSAL HOLLYWOOD

City UNIVERSAL CIT State CA Zip Code 91608-1001

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205826-190000**

Amount of Each Disbursement this Period

304.53

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336

Purpose of Disbursement  
Publication & Dues

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205827**

Amount of Each Disbursement this Period

250.98

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

**C. THE NATION MAGAZINE**

Mailing Address 33 IRVING PL

City New York State CO Zip Code 10003-2307

Purpose of Disbursement  
Publication & Dues

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205827-10000**

Amount of Each Disbursement this Period

9.50

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

250.98

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. THE NATION MAGAZINE**

Mailing Address 33 IRVING PL

City New York State CO Zip Code 10003-2307

Purpose of Disbursement  
Publication & Dues

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2013

**Transaction ID : SB21B-205827-20000**

Amount of Each Disbursement this Period

9.50

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. NEW YORK TIMES DIGIT**

Mailing Address 620 8TH AVE

City New York State NY Zip Code 10018-1604

Purpose of Disbursement  
Publication & Dues

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2013

**Transaction ID : SB21B-205827-30000**

Amount of Each Disbursement this Period

15.90

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. GNC\*GLOBE DIGITAL**

Mailing Address ATTN: JENNIFER PUTZBACH

City Dorchester State MA Zip Code 02125

Purpose of Disbursement  
Publication & Dues

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2013

**Transaction ID : SB21B-205827-40000**

Amount of Each Disbursement this Period

15.96

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. AMAZON.COM**

Mailing Address 1516 2ND AVE

City State Zip Code  
Seattle WA 98101-1543

Purpose of Disbursement  
Publication & Dues

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-205827-50000**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. CHICAGO TRIB SUBSCRI**

Mailing Address 435 N MICHIGAN AVE

City State Zip Code  
CHICAGO IL 60611-4066

Purpose of Disbursement  
Publication & Dues

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-205827-60000**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 360001

City State Zip Code  
Fort Lauderdale FL 33336

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-205828**

Amount of Each Disbursement this Period

See Attached Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. NYC-TAXI VERIFONE NY**

Mailing Address 3703 21ST ST

City LONG ISLAND CITY State NY Zip Code 11101-3502

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205828-10000

Amount of Each Disbursement this Period

14.88

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. NYC-TAXI VERIFONE NY**

Mailing Address 3703 21ST ST

City LONG ISLAND CITY State NY Zip Code 11101-3502

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205828-20000

Amount of Each Disbursement this Period

9.88

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. L A BURDICK CHOCOLAT**

Mailing Address 5 E 20TH ST

City NEW YORK State NY Zip Code 10003-1103

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205828-30000

Amount of Each Disbursement this Period

4.90

[MEMO ITEM]  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. LINCOLN**

Mailing Address 1110 VERMONT AVE NW

City WASHINGTON State DC Zip Code 20005-3544

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205828-40000

Amount of Each Disbursement this Period

62.80

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. BOQUERIA DC 3 BOQUER**

Mailing Address 1837 M ST NW

City WASHINGTON State DC Zip Code 20036-2523

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205828-50000

Amount of Each Disbursement this Period

104.65

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. BELL WINE & SPIRITS**

Mailing Address 1821 M ST NW

City WASHINGTON State DC Zip Code 20036-2503

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205828-60000

Amount of Each Disbursement this Period

32.86

[MEMO ITEM]  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. PASARA THAI CUISINE**

Mailing Address 1219 CONNECTICUT AVE NW

City WASHINGTON State DC Zip Code 20036-2647

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2013

Transaction ID : SB21B-205828-70000

Amount of Each Disbursement this Period

24.66
-------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. CARIBOU COFFEE CO #**

Mailing Address 1701 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20006-5805

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2013

Transaction ID : SB21B-205828-80000

Amount of Each Disbursement this Period

8.99
------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. GRILL CONCEPTS - W 5**

Mailing Address 1200 18TH ST NW

City WASHINGTON DC State DC Zip Code 20036-2535

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2013

Transaction ID : SB21B-205828-90000

Amount of Each Disbursement this Period

67.00
-------

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. NYC TAXI MED 2A39 09</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address 4913 ROOSEVELT AVE		<b>Transaction ID : SB21B-205828-100000</b>
City WOODSIDE	State NY	
Purpose of Disbursement Travel/Accommodation /Meals		Amount of Each Disbursement this Period 12.50
Candidate Name		<b>[MEMO ITEM]</b> Memo Entry
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address PO Box 360001		<b>Transaction ID : SB21B-205829</b>
City Fort Lauderdale	State FL	
Purpose of Disbursement Catering/Facilities		Amount of Each Disbursement this Period 191.73
Candidate Name		See Attached Memo Entry
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. SAFEWAY STORE 27</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address 490 L ST NW		<b>Transaction ID : SB21B-205829-10000</b>
City Washington	State DC	
Purpose of Disbursement Catering/Facilities		Amount of Each Disbursement this Period 35.99
Candidate Name		<b>[MEMO ITEM]</b> Memo Entry
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	191.73
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. SAFEWAY STORE 27**

Mailing Address 490 L ST NW

City Washington State DC Zip Code 20001-2545

Purpose of Disbursement  
Catering/Facilities

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205829-20000**

Amount of Each Disbursement this Period

84.89

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. CVS PHARMACY 6069 06**

Mailing Address 1101 CONNECTICUT AVE NW

City WASHINGTON State DC Zip Code 20036-4303

Purpose of Disbursement  
Catering/Facilities

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205829-30000**

Amount of Each Disbursement this Period

32.65

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. STAPLES 01720**

Mailing Address 3100 14TH ST NW

City WASHINGTON State DC Zip Code 20010-2473

Purpose of Disbursement  
Catering/Facilities

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205829-40000**

Amount of Each Disbursement this Period

25.15

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. TARGET T2259 2259**

Mailing Address 3100 14TH ST NW

City WASHINGTON State DC Zip Code 20010-2478

Purpose of Disbursement  
Catering/Facilities

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205829-50000

Amount of Each Disbursement this Period

13.05

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336

Purpose of Disbursement  
Meeting/Conference

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205830

Amount of Each Disbursement this Period

7.87

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

**C. Starbucks #07281 Was**

Mailing Address 1734 L STREET

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Meeting/Conference

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205830-10000

Amount of Each Disbursement this Period

7.87

[MEMO ITEM]  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7.87

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336

Purpose of Disbursement  
Office Supplies Expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

**Transaction ID : SB21B-205831**

Amount of Each Disbursement this Period

17.78

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

**B. CVS 2527 02527**

Mailing Address 1025 CONNECTICUT AVE NW

City WASHINGTON State DC Zip Code 20036-5405

Purpose of Disbursement  
Office Supplies Expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

**Transaction ID : SB21B-205831-10000**

Amount of Each Disbursement this Period

17.78

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

**Transaction ID : SB21B-205832**

Amount of Each Disbursement this Period

584.04

See Attached Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

601.82

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. AVIS RENT A CAR**

Mailing Address SEND ALL MAIL TO

City State Zip Code  
CHICAGO IL 11530

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2013

Transaction ID : SB21B-205832-10000

Amount of Each Disbursement this Period

252.96
--------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. COURTYARD 1S5**

Mailing Address 165 E ONTARIO ST

City State Zip Code  
CHICAGO IL 60611-2822

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2013

Transaction ID : SB21B-205832-20000

Amount of Each Disbursement this Period

108.00
--------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. Dominicks Store1703**

Mailing Address 255 E GRAND AVE

City State Zip Code  
CHICAGO IL 60611-3315

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2013

Transaction ID : SB21B-205832-30000

Amount of Each Disbursement this Period

7.59
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**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. ELI S CHEESECA251369</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address BUILDING 6, O'HARE FIELD		<b>Transaction ID : SB21B-205832-40000</b>
City CHICAGO	State IL	
Zip Code 60666	Purpose of Disbursement Travel/Accommodation /Meals	Amount of Each Disbursement this Period 4.19
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> Memo Entry
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. STARBUCKS B09 251518</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address BUILDING 6-O'HARE FIELD		<b>Transaction ID : SB21B-205832-50000</b>
City CHICAGO	State IL	
Zip Code 60666	Purpose of Disbursement Travel/Accommodation /Meals	Amount of Each Disbursement this Period 4.20
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> Memo Entry
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Starbucks #02410 Chi</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address METROPOLITAN PLACE		<b>Transaction ID : SB21B-205832-60000</b>
City Chicago	State IL	
Zip Code 60661	Purpose of Disbursement Travel/Accommodation /Meals	Amount of Each Disbursement this Period 4.25
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> Memo Entry
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. THE CHICAGOAN SPRK32**

Mailing Address 750 N RUSH ST

City CHICAGO State IL Zip Code 60611-2536

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205832-70000

Amount of Each Disbursement this Period

29.00

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. GRAND LUX CAFE/CHICA**

Mailing Address 600 N MICHIGAN AVE

City CHICAGO State IL Zip Code 60611-3684

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205832-80000

Amount of Each Disbursement this Period

37.27

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. UNITED AIRLINES**

Mailing Address DEPT HQJ-CM

City CHICAGO/OHARE State IL Zip Code 77002-7363

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205832-90000

Amount of Each Disbursement this Period

35.00

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. CAPITOL ADVANTAGE PU**

Mailing Address 2751 PROSPERITY AVE # 600

City LORTON State VA Zip Code 22031-4397

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205832-10000

Amount of Each Disbursement this Period

62.06

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. YELLOW CAB CO.OF DC**

Mailing Address 1636 BLADENSBURG RD NE

City Wahington State DC Zip Code 20002-1804

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205832-110000

Amount of Each Disbursement this Period

15.75

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. YELLOW CAB CO.OF DC**

Mailing Address 1636 BLADENSBURG RD NE

City Wahington State DC Zip Code 20002-1804

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205832-120000

Amount of Each Disbursement this Period

23.77

[MEMO ITEM]  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336

Purpose of Disbursement  
Catering/Facilities

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	3

**Transaction ID : SB21B-205833**

Amount of Each Disbursement this Period

9	3	3	.	9	4
---	---	---	---	---	---

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPOSITION**

Mailing Address 1627 MAIN AVE

City SACRAMENTO State CA Zip Code 95838

Purpose of Disbursement  
Catering/Facilities

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	3

**Transaction ID : SB21B-205833-10000**

Amount of Each Disbursement this Period

5	3	0	.	9	0
---	---	---	---	---	---

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. CORNER BAKERY 0179**

Mailing Address 1828 L ST NW

City WASHINGTON State DC Zip Code 20036-5123

Purpose of Disbursement  
Catering/Facilities

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	3

**Transaction ID : SB21B-205833-20000**

Amount of Each Disbursement this Period

1	1	5	.	2	0
---	---	---	---	---	---

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

9	3	3	.	9	4
---	---	---	---	---	---

9	3	3	.	9	4
---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. CORNER BAKERY 0179**

Mailing Address 1828 L ST NW

City WASHINGTON State DC Zip Code 20036-5123

Purpose of Disbursement  
Catering/Facilities

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205833-30000

Amount of Each Disbursement this Period

56.10

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. CORNER BAKERY 0179**

Mailing Address 1828 L ST NW

City WASHINGTON State DC Zip Code 20036-5123

Purpose of Disbursement  
Catering/Facilities

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205833-40000

Amount of Each Disbursement this Period

147.40

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. CORNER BAKERY**

Mailing Address 1828 L ST NW

City WASHINGTON State DC Zip Code 20036-5123

Purpose of Disbursement  
Catering/Facilities

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205833-50000

Amount of Each Disbursement this Period

6.58

[MEMO ITEM]  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)  
**A. CORNER BAKERY**

Mailing Address 1828 L ST NW

City WASHINGTON State DC Zip Code 20036-5123

Purpose of Disbursement Catering/Facilities

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : **SB21B-205833-60000**

Amount of Each Disbursement this Period: 36.58

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)  
**B. CORNER BAKERY**

Mailing Address 1828 L ST NW

City WASHINGTON State DC Zip Code 20036-5123

Purpose of Disbursement Catering/Facilities

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : **SB21B-205833-70000**

Amount of Each Disbursement this Period: 41.18

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)  
**C. American Express**

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336

Purpose of Disbursement Charitable Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : **SB21B-205834**

Amount of Each Disbursement this Period: 420.00

See Attached Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 420.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. URBAN LEAGUE OF BROW**

Mailing Address 11 NW 36TH AVE

City State Zip Code  
FORT LAUDERDA FL 33311-8330

Purpose of Disbursement  
Charitable Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-205834-10000**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 360001

City State Zip Code  
Fort Lauderdale FL 33336

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-205835**

Amount of Each Disbursement this Period

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES**

Mailing Address AMERICAN AIRLINES-CCS

City State Zip Code  
DALLAS TX 74133

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-205835-10000**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. YELLOW CAB CO.OF DC**

Mailing Address 1636 BLADENSBURG RD NE

City Wahington State DC Zip Code 20002-1804

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2013

**Transaction ID : SB21B-205835-20000**

Amount of Each Disbursement this Period

20.61
-------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. HOTELS.COM US1119405**

Mailing Address 333 108TH AVE NE

City Bellevue State NV Zip Code 98004-5736

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2013

**Transaction ID : SB21B-205835-30000**

Amount of Each Disbursement this Period

523.92
--------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. HOTELS.COM US1119151**

Mailing Address 333 108TH AVE NE

City Bellevue State NV Zip Code 98004-5736

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2013

**Transaction ID : SB21B-205835-40000**

Amount of Each Disbursement this Period

817.08
--------

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

0.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)  
**A. GOLD STAR CAB # 20 8**

Mailing Address 2714 SHERWOOD HALL LANE

City ALEXANDRIA State VA Zip Code 22306

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : **SB21B-205835-50000**

Amount of Each Disbursement this Period: 25.08

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)  
**B. DELTA AIR LINES INC.**

Mailing Address ATLANTA AIRPORT

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : **SB21B-205835-60000**

Amount of Each Disbursement this Period: 143.90

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)  
**C. US AIRWAYS INC.**

Mailing Address 4000 E SKY HARBOR BLVD

City ATLANTA State GA Zip Code 85034-0664

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : **SB21B-205835-70000**

Amount of Each Disbursement this Period: 104.90

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. US AIRWAYS INC.**

Mailing Address 4000 E SKY HARBOR BLVD

City ATLANTA State GA Zip Code 85034-0664

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205835-80000**

Amount of Each Disbursement this Period

250.80

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. US AIRWAYS INC.**

Mailing Address 4000 E SKY HARBOR BLVD

City ATLANTA State GA Zip Code 85034-0664

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205835-90000**

Amount of Each Disbursement this Period

263.90

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. COURTYARD 1S5**

Mailing Address 165 E ONTARIO ST

City CHICAGO State IL Zip Code 60611-2822

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205835-100000**

Amount of Each Disbursement this Period

38.56

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. MCDONALD'S F17277 00**

Mailing Address O'HARE TERM 1 CONC B

City State Zip Code  
CHICAGO IL 60666

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205835-110000

Amount of Each Disbursement this Period

9.50

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. Premier Limousine In**

Mailing Address 110 5TH ST

City State Zip Code  
Chicago IL 94103-2918

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205835-120000

Amount of Each Disbursement this Period

60.00

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. DUNKIN #338802 Q**

Mailing Address 200 E OHIO ST

City State Zip Code  
CHICAGO IL 60611-7269

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205835-130000

Amount of Each Disbursement this Period

5.44

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

### A. GENERAL GPRK043602 G

Mailing Address 525 W MONROE ST

City CHICAGO State IL Zip Code 60661-3629

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	3

Transaction ID : SB21B-205835-140000

Amount of Each Disbursement this Period

1	0	.	0	0
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[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

### B. Dominicks Store1703

Mailing Address 255 E GRAND AVE

City CHICAGO State IL Zip Code 60611-3315

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	3

Transaction ID : SB21B-205835-150000

Amount of Each Disbursement this Period

2	9	.	5	4
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[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

### C. GENERAL GPRK043602 G

Mailing Address 525 W MONROE ST

City CHICAGO State IL Zip Code 60661-3629

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	3

Transaction ID : SB21B-205835-160000

Amount of Each Disbursement this Period

2	3	.	0	0
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[MEMO ITEM]  
Memo Entry

SUBTOTAL of Disbursements This Page (optional)..... ▶

0	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. STARBUCKS T1 B251674**

Mailing Address BUILDING 6, O'HARE FIELD

City CHICAGO State IL Zip Code 60666

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205835-170000

Amount of Each Disbursement this Period

17.12

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. UNITED AIRLINES**

Mailing Address DEPT HQJ-CM

City CHICAGO/OHARE State IL Zip Code 77002-7363

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205835-180000

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. HUDSON NEWS OHARE JV**

Mailing Address 1 MEADOWLANDS PLZ

City DES PLAINES State IL Zip Code 07073-2100

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205835-190000

Amount of Each Disbursement this Period

2.04

[MEMO ITEM]  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. JETBLUE AIRWAYS**

Mailing Address 6322 S 3000 E

City State Zip Code  
Salt Lake City NY 84121-6945

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2013

**Transaction ID : SB21B-205835-200000**

Amount of Each Disbursement this Period

15.00
-------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. JETBLUE AIRWAYS**

Mailing Address 6322 S 3000 E

City State Zip Code  
Salt Lake City NY 84121-6945

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2013

**Transaction ID : SB21B-205835-210000**

Amount of Each Disbursement this Period

117.80
--------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. JETBLUE AIRWAYS**

Mailing Address 6322 S 3000 E

City State Zip Code  
Salt Lake City NY 84121-6945

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2013

**Transaction ID : SB21B-205835-220000**

Amount of Each Disbursement this Period

88.90
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**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. JETBLUE AIRWAYS**

Mailing Address 6322 S 3000 E

City State Zip Code  
Salt Lake City NY 84121-6945

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2013

**Transaction ID : SB21B-205835-230000**

Amount of Each Disbursement this Period

148.90
--------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. JETBLUE AIRWAYS**

Mailing Address 6322 S 3000 E

City State Zip Code  
Salt Lake City NY 84121-6945

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2013

**Transaction ID : SB21B-205835-240000**

Amount of Each Disbursement this Period

200.90
--------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. HYATT HOTELS SACRAME**

Mailing Address 1209 L ST

City State Zip Code  
SACRAMENTO CA 95814-3936

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2013

**Transaction ID : SB21B-205835-250000**

Amount of Each Disbursement this Period

769.72
--------

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. ALASKA AIRLINES INC.**

Mailing Address 20833 INTERNATIONAL BLVD

City SEATTLE State WA Zip Code 98198-5950

Purpose of Disbursement  
Travel/Accommodation /Meals Credit

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205835-260000**

Amount of Each Disbursement this Period

-35.00

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. YELLOW CAB CO.OF DC**

Mailing Address 1636 BLADENSBURG RD NE

City Wahington State DC Zip Code 20002-1804

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205835-270000**

Amount of Each Disbursement this Period

18.18

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. YELLOW CAB CO.OF DC**

Mailing Address 1636 BLADENSBURG RD NE

City Wahington State DC Zip Code 20002-1804

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205835-280000**

Amount of Each Disbursement this Period

24.62

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. TIDEWATER LANDING RE**

Mailing Address RR WAS INT AIR TRB B SOU

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205835-290000**

Amount of Each Disbursement this Period

23.49

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. UNITED AIRLINES**

Mailing Address DEPT HQJ-CM

City WASHINGTON State DC Zip Code 77002-7363

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205835-300000**

Amount of Each Disbursement this Period

60.00

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336

Purpose of Disbursement  
Employee Training/ Planning

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205836**

Amount of Each Disbursement this Period

25.00

See Attached Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

25.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. LYNDA.COM 0082**

Mailing Address 6410 VIA REAL

City CARPINTERIA State CA Zip Code 93013-2925

Purpose of Disbursement  
Employee Training/ Planning

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205836-10000**

Amount of Each Disbursement this Period

25.00

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336

Purpose of Disbursement  
Postage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205837**

Amount of Each Disbursement this Period

33.60

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

**C. USPS 104965029920825**

Mailing Address 900 BRENTWOOD RD NE

City WASHINGTON State DC Zip Code 20066-9201

Purpose of Disbursement  
Postage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205837-10000**

Amount of Each Disbursement this Period

33.60

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

33.60

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	3

**Transaction ID : SB21B-205838**

Amount of Each Disbursement this Period

8	1	3	.	4	2
---	---	---	---	---	---

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

**B. 1724 L ST AUBONPAIN**

Mailing Address 1724 L ST NW

City WASHINGTON State DC Zip Code 20036-5406

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	3

**Transaction ID : SB21B-205838-10000**

Amount of Each Disbursement this Period

4	.	3	8
---	---	---	---

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. SWEETGREEN 19TH & L**

Mailing Address 1901 L ST NW

City WASHINGTON State DC Zip Code 20036-3506

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	3

**Transaction ID : SB21B-205838-20000**

Amount of Each Disbursement this Period

2	3	.	1	0
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**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

8	1	3	.	4	2
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8	1	3	.	4	2
---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. PING PONG THREE LLC</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address 1 DUPONT CIR NW		<b>Transaction ID : SB21B-205838-30000</b>
City WASHINGTON	State DC	
Zip Code 20036-1110	Purpose of Disbursement Travel/Accommodation /Meals	Amount of Each Disbursement this Period 157.88
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b> Memo Entry
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. SHOPHOUSE 1621 0052</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address 1516 CONNECTICUT AVE NW		<b>Transaction ID : SB21B-205838-40000</b>
City WASHINGTON	State DC	
Zip Code 20036	Purpose of Disbursement Travel/Accommodation /Meals	Amount of Each Disbursement this Period 16.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b> Memo Entry
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>C. CORNER BAKERY 0179</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address 1828 L ST NW		<b>Transaction ID : SB21B-205838-50000</b>
City WASHINGTON	State DC	
Zip Code 20036-5123	Purpose of Disbursement Travel/Accommodation /Meals	Amount of Each Disbursement this Period 55.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b> Memo Entry
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. SWEET GREEN RESTAURA**

Mailing Address 1512 CONNECTICUT AVE NW

City WASHINGTON State DC Zip Code 20036-1104

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205838-60000

Amount of Each Disbursement this Period

50.16

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. CVS PHARMACY 6069 06**

Mailing Address 1101 CONNECTICUT AVE NW

City WASHINGTON State DC Zip Code 20036-4303

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205838-70000

Amount of Each Disbursement this Period

54.95

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. CVS PHARMACY 6069 06**

Mailing Address 1101 CONNECTICUT AVE NW

City WASHINGTON State DC Zip Code 20036-4303

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205838-80000

Amount of Each Disbursement this Period

274.75

[MEMO ITEM]  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

0.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

**A. CHIPOTLE 0122 0094**

Full Name (Last, First, Middle Initial)

Mailing Address 1837 M ST NW

City WASHINGTON State DC Zip Code 20036-2523

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 04 / 11 / 2013

Transaction ID : **SB21B-205838-90000**

Amount of Each Disbursement this Period: 136.75

**[MEMO ITEM]**  
Memo Entry

**B. GEORGETOWN CUPCAKE**

Full Name (Last, First, Middle Initial)

Mailing Address 1209 POTOMAC ST NW

City WASHINGTON State DC Zip Code 20007-3212

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 04 / 11 / 2013

Transaction ID : **SB21B-205838-10000**

Amount of Each Disbursement this Period: 40.45

**[MEMO ITEM]**  
Memo Entry

**C. American Express**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336

Purpose of Disbursement  
Office Supplies Expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 04 / 11 / 2013

Transaction ID : **SB21B-205839**

Amount of Each Disbursement this Period: 18.90

See Attached Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 18.90

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. STAPLES 01291**

Mailing Address 235 CAMDEN ST

City State Zip Code  
ROCKLAND ME 04841-2563

Purpose of Disbursement  
Office Supplies Expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205839-10000

Amount of Each Disbursement this Period

18.90

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 360001

City State Zip Code  
Fort Lauderdale FL 33336

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205840

Amount of Each Disbursement this Period

3892.84

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

**C. LIRRNYTICKETS**

Mailing Address 14601 ARCHER AVE

City State Zip Code  
JAMAICA NY 11435-4311

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205840-10000

Amount of Each Disbursement this Period

9.50

[MEMO ITEM]  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3892.84

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. LIRRNITICKETS**

Mailing Address 14601 ARCHER AVE

City State Zip Code  
JAMAICA NY 11435-4311

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2013

Transaction ID : SB21B-205840-20000

Amount of Each Disbursement this Period

12.00
-------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. LIRRNITICKETS**

Mailing Address 14601 ARCHER AVE

City State Zip Code  
JAMAICA NY 11435-4311

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2013

Transaction ID : SB21B-205840-30000

Amount of Each Disbursement this Period

12.00
-------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. PISTACIA VERA**

Mailing Address 541 S 3RD ST

City State Zip Code  
COLUMBUS OH 43215-5721

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2013

Transaction ID : SB21B-205840-40000

Amount of Each Disbursement this Period

26.95
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**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. JFK TVM*JFK03 JAMAIC</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address 130 LIVINGSTON ST		<b>Transaction ID : SB21B-205840-50000</b>
City BROOKLYN	State NY	
Purpose of Disbursement Travel/Accommodation /Meals		Amount of Each Disbursement this Period 6.00
Candidate Name		<b>[MEMO ITEM]</b> Memo Entry
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. HOTELS.COM US1121604</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address 333 108TH AVE NE		<b>Transaction ID : SB21B-205840-60000</b>
City Bellevue	State NV	
Purpose of Disbursement Travel/Accommodation /Meals		Amount of Each Disbursement this Period 98.36
Candidate Name		<b>[MEMO ITEM]</b> Memo Entry
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. HOTELS.COM US1121604</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address 333 108TH AVE NE		<b>Transaction ID : SB21B-205840-70000</b>
City Bellevue	State NV	
Purpose of Disbursement Travel/Accommodation /Meals		Amount of Each Disbursement this Period 271.19
Candidate Name		<b>[MEMO ITEM]</b> Memo Entry
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. HOTELS.COM US1120906**

Mailing Address 333 108TH AVE NE

City Bellevue State NV Zip Code 98004-5736

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	11	/	2013

**Transaction ID : SB21B-205840-80000**

Amount of Each Disbursement this Period

300.71
--------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. HOTELS.COM US1120301**

Mailing Address 333 108TH AVE NE

City Bellevue State NV Zip Code 98004-5736

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	11	/	2013

**Transaction ID : SB21B-205840-90000**

Amount of Each Disbursement this Period

632.88
--------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. HYATT HOTELS COLUMBU**

Mailing Address 350 N HIGH ST

City Columbus State OH Zip Code 43215-2006

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	11	/	2013

**Transaction ID : SB21B-205840-100000**

Amount of Each Disbursement this Period

14.25
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**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)  
**A. ALEXANDRIA UNION 755**

Mailing Address 3801 MOUNT VERNON AVE

City ALEXANDRIA State VA Zip Code 22305-2406

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : **SB21B-205840-110000**

Amount of Each Disbursement this Period: 23.54

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)  
**B. DUNKIN #342230 Q**

Mailing Address 200 TERMINAL E

City BOSTON State MA Zip Code 02128

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : **SB21B-205840-120000**

Amount of Each Disbursement this Period: 2.96

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)  
**C. LEAN N GREEN GOURMET**

Mailing Address 300 TERMINAL C (LOGAN )

City BOSTON State MA Zip Code 02128

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : **SB21B-205840-130000**

Amount of Each Disbursement this Period: 6.91

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. NYC TAXI 9V40 090015**

Mailing Address 330 BUTLER ST

City State Zip Code  
BROOKLYN NY 11217-2702

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	3

Transaction ID : SB21B-205840-140000

Amount of Each Disbursement this Period

6	9	.	3	9
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**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. THRIFTY CAR RENTAL C**

Mailing Address 4600 INT'L GATEWAY

City State Zip Code  
COLUMBUS OH 43219

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	3

Transaction ID : SB21B-205840-150000

Amount of Each Disbursement this Period

2	4	.	5	0
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**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. MAX & ERMA'S CROWNE**

Mailing Address 55 E NATIONWIDE BLVD

City State Zip Code  
COLUMBUS OH 43215-2512

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	3

Transaction ID : SB21B-205840-160000

Amount of Each Disbursement this Period

6	9	.	0	0
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**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
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0	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. STARUBKCS CMH 391514</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address 4600 INTERNATIONAL GTWY		<b>Transaction ID : SB21B-205840-170000</b>
City COLUMBUS	State OH	
Purpose of Disbursement Travel/Accommodation /Meals		Amount of Each Disbursement this Period 11.46
Candidate Name		<b>[MEMO ITEM]</b> Memo Entry
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	Category/Type

Full Name (Last, First, Middle Initial) <b>B. CUP O' JOE - GERMAN</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address 627 S 3RD ST		<b>Transaction ID : SB21B-205840-180000</b>
City COLUMBUS	State OH	
Purpose of Disbursement Travel/Accommodation /Meals		Amount of Each Disbursement this Period 10.00
Candidate Name		<b>[MEMO ITEM]</b> Memo Entry
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	Category/Type

Full Name (Last, First, Middle Initial) <b>C. CUP O' JOE - SHORT N</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address 600 N HIGH ST		<b>Transaction ID : SB21B-205840-190000</b>
City COLUMBUS	State OH	
Purpose of Disbursement Travel/Accommodation /Meals		Amount of Each Disbursement this Period 5.20
Candidate Name		<b>[MEMO ITEM]</b> Memo Entry
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. LEGAL SEA FOODS #223**

Mailing Address TERMINAL C LOGAN INT'L

City EAST BOSTON State MA Zip Code 02128

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205840-200000

Amount of Each Disbursement this Period

44.00

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. STARBUCKS C PI321503**

Mailing Address TERMINAL B

City EAST BOSTON State MA Zip Code 02128

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205840-210000

Amount of Each Disbursement this Period

7.55

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. STARBUCKS C PI321503**

Mailing Address TERMINAL B

City EAST BOSTON State MA Zip Code 02128

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205840-220000

Amount of Each Disbursement this Period

8.08

[MEMO ITEM]  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

### A. BUDGET RENT A CAR

Mailing Address 300 CENTRE POINTE DR

City EAST BOSTON State MA Zip Code 23462-4415

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	11	/	2013

Transaction ID : SB21B-205840-230000

Amount of Each Disbursement this Period

159.20
--------

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

### B. STARBUCKS C PI321503

Mailing Address TERMINAL B

City EAST BOSTON State MA Zip Code 02128

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	11	/	2013

Transaction ID : SB21B-205840-240000

Amount of Each Disbursement this Period

7.97
------

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

### C. LEGAL SEA FOODS #223

Mailing Address TERMINAL C LOGAN INT'L

City EAST BOSTON State MA Zip Code 02128

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	11	/	2013

Transaction ID : SB21B-205840-250000

Amount of Each Disbursement this Period

101.18
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[MEMO ITEM]  
Memo Entry

SUBTOTAL of Disbursements This Page (optional)..... ▶

0.00
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TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. HUDSON NEW**

Mailing Address 300 TERMINAL C

City EAST BOSTON State MA Zip Code 02128

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	3

Transaction ID : SB21B-205840-260000

Amount of Each Disbursement this Period

1	0	.	1	7
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**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. HYANNIS AIR SERIVCE,**

Mailing Address BARNSTABLE MUNICIPAL AIRP

City HYANNIS State MA Zip Code 02601

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	3

Transaction ID : SB21B-205840-270000

Amount of Each Disbursement this Period

6	7	9	.	0	0
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**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. OTG JFK T5 VENTURE,**

Mailing Address 5 CENTRAL TERMINAL AREA

City JAMAICA State NY Zip Code 11430-1906

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	3

Transaction ID : SB21B-205840-280000

Amount of Each Disbursement this Period

4	.	8	8
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**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	.	0	0
---	---	---	---

0	.	0	0
---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. T3 CHILI S TOO438109**

Mailing Address 678 VANWYCK EXPRESS WAY

City State Zip Code  
JAMAICA NY 11430

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2013

Transaction ID : SB21B-205840-290000

Amount of Each Disbursement this Period

15.64
-------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. NYC TAXI 3E82 090118**

Mailing Address 25 11 41ST AVE

City State Zip Code  
LONG ISLAND CITY NY 11101

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2013

Transaction ID : SB21B-205840-300000

Amount of Each Disbursement this Period

8.40
------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. NYC TAXI 2Y28 090001**

Mailing Address 3017 40TH AVE

City State Zip Code  
LONG ISLAND CITY NY 11101-2811

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2013

Transaction ID : SB21B-205840-310000

Amount of Each Disbursement this Period

15.62
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**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. NYC TAXI 3L85 090016**

Mailing Address 3108 NORTHERN BLVD

City State Zip Code  
LONG ISLAND CITY NY 11101-2818

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205840-320000

Amount of Each Disbursement this Period

6.87

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. NYC TAXI 9E22 090002**

Mailing Address 2210 JACKSON AVE

City State Zip Code  
LONG ISLAND CITY NY 11101-4311

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205840-330000

Amount of Each Disbursement this Period

17.55

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. WHITE AND BLUE GROUP**

Mailing Address WHITE AND BLUE GROUP CORP

City State Zip Code  
LONG ISLAND CITY NY 11101

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205840-340000

Amount of Each Disbursement this Period

13.00

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. YELLOW CAB SLSJET MA**

Mailing Address 2205 43RD AVE

City LONG ISLAND CITY State NY Zip Code 11101-5018

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B-205840-350000**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. LAND THAI KITCHEN**

Mailing Address 450 AMSTERDAM AVE

City NEW YORK State NY Zip Code 10024-5507

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B-205840-360000**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. OTOLIZZ HACKING CORP**

Mailing Address 287 10TH AVE

City NEW YORK State NY Zip Code 10001-7003

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B-205840-370000**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. S&R MEDALLION CORP S**

Mailing Address 625 W 51ST ST

City NEW YORK State NY Zip Code 10019-6797

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205840-380000

Amount of Each Disbursement this Period

8.90

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. THE TRIPLE CROWN 650**

Mailing Address 330 7TH AVE FRNT 4

City NEW YORK State NY Zip Code 10001-5010

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205840-390000

Amount of Each Disbursement this Period

17.45

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. MILLENIUM HILTON 753**

Mailing Address 55 CHURCH ST

City NEW YORK State NY Zip Code 10007-2910

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205840-400000

Amount of Each Disbursement this Period

12.95

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

0.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Cafe Bravo Cafe Brav**

Mailing Address 110 5TH ST

City New York State NY Zip Code 94103-2918

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2013

Transaction ID : SB21B-205840-410000

Amount of Each Disbursement this Period

11.48
-------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. S&R MEDALLION CORP S**

Mailing Address 625 W 51ST ST

City NEW YORK State NY Zip Code 10019-6797

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2013

Transaction ID : SB21B-205840-420000

Amount of Each Disbursement this Period

10.25
-------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. ARTISANAL**

Mailing Address 2 PARK AVE

City NEW YORK State NY Zip Code 10016-5606

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2013

Transaction ID : SB21B-205840-430000

Amount of Each Disbursement this Period

58.00
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**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. COOK SHOP COOK SHOP**

Mailing Address 156 10TH AVE

City NEW YORK State NY Zip Code 10011-4724

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205840-440000

Amount of Each Disbursement this Period

85.86

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. LE PAIN QUOTIDIEN**

Mailing Address 124 7TH AVE

City NEW YORK State NY Zip Code 10011

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205840-450000

Amount of Each Disbursement this Period

31.07

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. JETBLUE AIRWAYS**

Mailing Address 6322 S 3000 E

City Salt Lake City State UT Zip Code 84121-6945

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205840-460000

Amount of Each Disbursement this Period

15.00

[MEMO ITEM]  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. BUDGET RENT A CAR**

Mailing Address 300 CENTRE POINTE DR

City PORTLAND State ME Zip Code 23462-4415

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2013

Transaction ID : SB21B-205840-470000

Amount of Each Disbursement this Period

34.86
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**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. PARADIES # 690 Q**

Mailing Address 1001 WESTBROOK ST

City PORTLAND State ME Zip Code 04102-1938

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2013

Transaction ID : SB21B-205840-480000

Amount of Each Disbursement this Period

10.80
-------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. POST SECURITY 281507**

Mailing Address 1001 WESTBROOK ST

City PORTLAND State ME Zip Code 04102-1938

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2013

Transaction ID : SB21B-205840-490000

Amount of Each Disbursement this Period

5.67
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**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

0.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. MARITIME FARMS - ROC**

Mailing Address 103 MAIN ST

City State Zip Code  
ROCKLAND ME 04841-3805

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2013

**Transaction ID : SB21B-205840-500000**

Amount of Each Disbursement this Period

17.13

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. JETBLUE AIRWAYS**

Mailing Address 6322 S 3000 E

City State Zip Code  
Salt Lake City OK 84121-6945

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2013

**Transaction ID : SB21B-205840-510000**

Amount of Each Disbursement this Period

50.00

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. JETPORT GAS/CONVENIE**

Mailing Address 6100 S YALE AVE

City State Zip Code  
SOUTH PORTLAND ME 74136-1922

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2013

**Transaction ID : SB21B-205840-520000**

Amount of Each Disbursement this Period

18.64

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Starbucks #02702 Str**

Mailing Address STRONGSVILLE ROYALTON RD

City State Zip Code  
Strongsville OH 44136

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-205840-530000**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. HOTEL HELIX 0565**

Mailing Address 1430 RHODE ISLAND AVE NW

City State Zip Code  
WASHINGTON DC 20005-5401

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-205840-540000**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. FIVE GUYS-REAGAN N 5**

Mailing Address TERMINAL C SPACE 3

City State Zip Code  
WASHINGTON DC 20001

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-205840-550000**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. CARIBOU COFFEE#832 0</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address 1800 M ST NW		<b>Transaction ID : SB21B-205840-560000</b>
City WASHINGTON	State DC	
Zip Code 20036-5828	Purpose of Disbursement Travel/Accommodation /Meals	Amount of Each Disbursement this Period 11.52
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> Memo Entry
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. RASIKA WEST END</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address SUITE 733		<b>Transaction ID : SB21B-205840-570000</b>
City WASHINGTON	State DC	
Zip Code 20004	Purpose of Disbursement Travel/Accommodation /Meals	Amount of Each Disbursement this Period 98.91
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> Memo Entry
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. BOQUERIA DC 3 BOQUER</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address 1837 M ST NW		<b>Transaction ID : SB21B-205840-580000</b>
City WASHINGTON	State DC	
Zip Code 20036-2523	Purpose of Disbursement Travel/Accommodation /Meals	Amount of Each Disbursement this Period 104.55
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> Memo Entry
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Blackpearl 150 Black**

Mailing Address 110 5TH ST

City Washington State DC Zip Code 94103-2918

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

**Transaction ID : SB21B-205840-590000**

Amount of Each Disbursement this Period

20.00

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. CARIBOU COFFEE#832 0**

Mailing Address 1800 M ST NW

City WASHINGTON State DC Zip Code 20036-5828

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

**Transaction ID : SB21B-205840-600000**

Amount of Each Disbursement this Period

11.25

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. HILTON HOTELS WASHNG**

Mailing Address 1919 CONNECTICUT AVE NW

City WASHINGTON State DC Zip Code 20009-5701

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

**Transaction ID : SB21B-205840-610000**

Amount of Each Disbursement this Period

40.63

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. NOOSHI 0056**

Mailing Address 1120 19TH ST NW

City WASHINGTON State DC Zip Code 20036-3686

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2013

**Transaction ID : SB21B-205840-620000**

Amount of Each Disbursement this Period

36.00
-------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. Renaissance9671NMAYF**

Mailing Address 1127 CONNECTICUT AVE NW

City WASHINGTON State DC Zip Code 20036-4301

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2013

**Transaction ID : SB21B-205840-630000**

Amount of Each Disbursement this Period

51.00
-------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. LAURIOL PLAZA 800000**

Mailing Address 1835 18TH ST NW

City WASHINGTON State DC Zip Code 20009-5526

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2013

**Transaction ID : SB21B-205840-640000**

Amount of Each Disbursement this Period

30.79
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**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Renaissance9671NMAYF</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address 1127 CONNECTICUT AVE NW		<b>Transaction ID : SB21B-205840-650000</b>
City WASHINGTON	State DC	
Zip Code 20036-4301	Purpose of Disbursement Travel/Accommodation /Meals	Amount of Each Disbursement this Period 73.60
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> Memo Entry
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address P.O. Box 1270		<b>Transaction ID : SB21B-205841</b>
City Newark	State NJ	
Zip Code 07101-1270	Purpose of Disbursement Furniture & Computer Equipment	Amount of Each Disbursement this Period 4235.76
Candidate Name	Category/ Type	See Attached Memo Entry
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. MS *MICROSOFT STORE</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address 1 MICROSOFT WAY		<b>Transaction ID : SB21B-205841-10000</b>
City Redmond	State DC	
Zip Code 98052-8300	Purpose of Disbursement Furniture & Computer Equipment	Amount of Each Disbursement this Period 4235.76
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> Memo Entry
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4235.76
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address P.O. Box 1270

City Newark State NJ Zip Code 07101-1270

Purpose of Disbursement  
Computer Supplies/Hardware

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205842**

Amount of Each Disbursement this Period

104.86

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

**B. GOOGLE \*DRAGONPLAY**

Mailing Address 1600 AMPHITHEATRE PKWY

City Mountain View State CA Zip Code 94043-1351

Purpose of Disbursement  
Computer Supplies/Hardware

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205842-10000**

Amount of Each Disbursement this Period

9.99

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. GOOGLE \*DRAGONPLAY**

Mailing Address 1600 AMPHITHEATRE PKWY

City Mountain View State CA Zip Code 94043-1351

Purpose of Disbursement  
Computer Supplies/Hardware

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205842-20000**

Amount of Each Disbursement this Period

4.99

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

104.86

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. GOOGLE \*DRAGONPLAY**

Mailing Address 1600 AMPHITHEATRE PKWY

City Mountain View State CA Zip Code 94043-1351

Purpose of Disbursement Computer Supplies/Hardware

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205842-30000**

Amount of Each Disbursement this Period: 9.99

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. GOOGLE \*DRAGONPLAY**

Mailing Address 1600 AMPHITHEATRE PKWY

City Mountain View State CA Zip Code 94043-1351

Purpose of Disbursement Computer Supplies/Hardware

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205842-40000**

Amount of Each Disbursement this Period: 9.99

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. GOOGLE \*DRAGONPLAY**

Mailing Address 1600 AMPHITHEATRE PKWY

City Mountain View State CA Zip Code 94043-1351

Purpose of Disbursement Computer Supplies/Hardware

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205842-50000**

Amount of Each Disbursement this Period: 9.99

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. GOOGLE \*DRAGONPLAY**

Mailing Address 1600 AMPHITHEATRE PKWY

City Mountain View State CA Zip Code 94043-1351

Purpose of Disbursement  
Computer Supplies/Hardware

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205842-60000**

Amount of Each Disbursement this Period

4.99

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. GOOGLE \*DRAGONPLAY**

Mailing Address 1600 AMPHITHEATRE PKWY

City Mountain View State CA Zip Code 94043-1351

Purpose of Disbursement  
Computer Supplies/Hardware

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205842-70000**

Amount of Each Disbursement this Period

4.99

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. GOOGLE \*DRAGONPLAY**

Mailing Address 1600 AMPHITHEATRE PKWY

City Mountain View State CA Zip Code 94043-1351

Purpose of Disbursement  
Computer Supplies/Hardware

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205842-80000**

Amount of Each Disbursement this Period

9.99

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

### A. GOOGLE \*DRAGONPLAY

Mailing Address 1600 AMPHITHEATRE PKWY

City Mountain View State CA Zip Code 94043-1351

Purpose of Disbursement  
Computer Supplies/Hardware

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2013

Transaction ID : SB21B-205842-90000

Amount of Each Disbursement this Period

4.99
------

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

### B. GOOGLE \*DRAGONPLAY

Mailing Address 1600 AMPHITHEATRE PKWY

City Mountain View State CA Zip Code 94043-1351

Purpose of Disbursement  
Computer Supplies/Hardware

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2013

Transaction ID : SB21B-205842-10000

Amount of Each Disbursement this Period

4.99
------

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

### C. GOOGLE \*DRAGONPLAY

Mailing Address 1600 AMPHITHEATRE PKWY

City Mountain View State CA Zip Code 94043-1351

Purpose of Disbursement  
Computer Supplies/Hardware

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2013

Transaction ID : SB21B-205842-110000

Amount of Each Disbursement this Period

9.99
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[MEMO ITEM]  
Memo Entry

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. PDF.U-BILL.COM 1-888**

Mailing Address SUBMISSIONS USD

City SLIEMA State Zip Code 00000

Purpose of Disbursement  
Computer Supplies/Hardware

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2013

**Transaction ID : SB21B-205842-120000**

Amount of Each Disbursement this Period

19.97

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address P.O. Box 1270

City Newark State NJ Zip Code 07101-1270

Purpose of Disbursement  
Computer Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2013

**Transaction ID : SB21B-205843**

Amount of Each Disbursement this Period

274.54

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

**C. MICROSOFT TECH SUPPO**

Mailing Address 1 MICROSOFT WAY

City Redmond State WA Zip Code 98052-8300

Purpose of Disbursement  
Computer Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2013

**Transaction ID : SB21B-205843-10000**

Amount of Each Disbursement this Period

274.54

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

274.54

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address P.O. Box 1270

City Newark State NJ Zip Code 07101-1270

Purpose of Disbursement  
Employee Training/ Planning

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205844**

Amount of Each Disbursement this Period

199.84

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

**B. 1724 L ST AUBONPAIN**

Mailing Address 1724 L ST NW

City WASHINGTON State DC Zip Code 20036-5406

Purpose of Disbursement  
Employee Training/ Planning

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205844-10000**

Amount of Each Disbursement this Period

199.84

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address P.O. Box 1270

City Newark State NJ Zip Code 07101-1270

Purpose of Disbursement  
Telephone

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205845**

Amount of Each Disbursement this Period

356.14

See Attached Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

555.98

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

## A. NEXVORTEX NEXVORTEX

Mailing Address 510 SPRING ST

City HERNDON State VA Zip Code 20170-5157

Purpose of Disbursement Telephone

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205845-10000

Amount of Each Disbursement this Period

356.14

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

## B. American Express

Mailing Address P.O. Box 1270

City Newark State NJ Zip Code 07101-1270

Purpose of Disbursement Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205846

Amount of Each Disbursement this Period

13.11

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

## C. NORTH BEACH FASTOP 0

Mailing Address 6100 S YALE AVE

City NORTH BEACH State MD Zip Code 74136-1922

Purpose of Disbursement Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205846-10000

Amount of Each Disbursement this Period

13.11

[MEMO ITEM]  
Memo Entry

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

13.11

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address P.O. Box 1270

City Newark State NJ Zip Code 07101-1270

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	3

Transaction ID : **SB21B-205847**

Amount of Each Disbursement this Period

3	4	.	5	6
---	---	---	---	---

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

**B. NORTH BEACH FASTOP 0**

Mailing Address 6100 S YALE AVE

City NORTH BEACH State MD Zip Code 74136-1922

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	3

Transaction ID : **SB21B-205847-10000**

Amount of Each Disbursement this Period

3	4	.	5	6
---	---	---	---	---

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address P.O. BOX 360001

City Fort Lauderdale State FL Zip Code 33336

Purpose of Disbursement  
Catering/Facilities

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	3

Transaction ID : **SB21B-205851**

Amount of Each Disbursement this Period

3	9	2	.	7	6
---	---	---	---	---	---

See Attached Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4	2	6	.	7	6
---	---	---	---	---	---

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. CORNER BAKERY 0179**

Mailing Address 1828 L ST NW

City WASHINGTON State DC Zip Code 20036-5123

Purpose of Disbursement  
Catering/Facilities

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205851-10000

Amount of Each Disbursement this Period

39.38

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. CHOPT**

Mailing Address 1105 19TH ST NW

City WASHINGTON State DC Zip Code 20036-3601

Purpose of Disbursement  
Catering/Facilities

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205851-20000

Amount of Each Disbursement this Period

233.64

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. PANERA BREAD #601420**

Mailing Address 1350 CONNECTICUT AVE

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
Catering/Facilities

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205851-30000

Amount of Each Disbursement this Period

10.00

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. PANERA BREAD #601420**

Mailing Address 1350 CONNECTICUT AVE

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
Catering/Facilities

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2013

**Transaction ID : SB21B-205851-40000**

Amount of Each Disbursement this Period

69.93

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. POTBELLY 021 5429298**

Mailing Address 1900 L ST NW

City WASHINGTON State DC Zip Code 20036-5002

Purpose of Disbursement  
Catering/Facilities

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2013

**Transaction ID : SB21B-205851-50000**

Amount of Each Disbursement this Period

39.25

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address P.O. BOX 360001

City Fort Lauderdale State FL Zip Code 33336

Purpose of Disbursement  
Office Supplies Expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2013

**Transaction ID : SB21B-205852**

Amount of Each Disbursement this Period

87.21

See Attached Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

87.21

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. TLF NOSEGAY FLOWER S**

Mailing Address 3737 NW 34TH ST

City WASHINGTON State DC Zip Code 73112-3353

Purpose of Disbursement  
Office Supplies Expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205852-10000

Amount of Each Disbursement this Period

68.90

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. STAPLES 01532**

Mailing Address 1901 L ST NW

City WASHINGTON State DC Zip Code 20036-3509

Purpose of Disbursement  
Office Supplies Expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205852-20000

Amount of Each Disbursement this Period

18.31

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205855

Amount of Each Disbursement this Period

2304.97

See Attached Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2304.97

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. HILTON BOSTON DOWNTOWN**

Mailing Address 89 BROAD ST

City BOSTON State MA Zip Code 02110

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205855-10000

Amount of Each Disbursement this Period

794.11

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. NIX'S MATE**

Mailing Address 89 BROAD ST

City BOSTON State MA Zip Code 02110-3509

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205855-20000

Amount of Each Disbursement this Period

56.64

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. Airport express shut**

Mailing Address 110 5TH ST

City Boston State MA Zip Code 94103-2918

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205855-30000

Amount of Each Disbursement this Period

28.75

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. BOS-DOLLAR RENT A CA**

Mailing Address 230 PORTER STREET

City BOSTON State MA Zip Code 02128

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205855-40000

Amount of Each Disbursement this Period

85.13

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. NYC TAXI 4N95 090116**

Mailing Address 13402 33RD AVE

City FLUSHING State NY Zip Code 11354-2704

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205855-50000

Amount of Each Disbursement this Period

15.00

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. BOS TAXI 1092 090105**

Mailing Address 4250 24TH ST

City LONG ISLAND CITY State NY Zip Code 11101-4608

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205855-60000

Amount of Each Disbursement this Period

7.80

[MEMO ITEM]  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

0.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. BOS TAXI 0743 090105**

Mailing Address 4250 24TH ST

City LONG ISLAND CITY State NY Zip Code 11101-4608

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205855-70000**

Amount of Each Disbursement this Period

6.50

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. BOS TAXI 0141 090105**

Mailing Address 4250 24TH ST

City LONG ISLAND CITY State NY Zip Code 11101-4608

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205855-80000**

Amount of Each Disbursement this Period

6.10

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. BOS TAXI 0225 090105**

Mailing Address 4250 24TH ST

City LONG ISLAND CITY State NY Zip Code 11101-4608

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205855-90000**

Amount of Each Disbursement this Period

6.80

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. BOS TAXI 1330 090105**

Mailing Address 4250 24TH ST

City LONG ISLAND CITY State NY Zip Code 11101-4608

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205855-10000

Amount of Each Disbursement this Period

10.60

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. YELLOW CAB SLSJET MA**

Mailing Address 2205 43RD AVE

City LONG ISLAND CITY State NY Zip Code 11101-5018

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205855-11000

Amount of Each Disbursement this Period

13.62

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. ASTORIA TAXI LEASING**

Mailing Address ASTORIA TAXI LEASING CORP

City LONG ISLAND CITY State NY Zip Code 11103

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205855-12000

Amount of Each Disbursement this Period

13.62

[MEMO ITEM]  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. BOSTON TAXI VTS BOST**

Mailing Address 3703 21ST ST

City LONG ISLAND CITY State NY Zip Code 11101-3502

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2013

Transaction ID : SB21B-205855-130000

Amount of Each Disbursement this Period

8.20
------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. MANCHESTER AIRPORT M**

Mailing Address 1 AIRPORT RD

City MANCHESTER State NH Zip Code 03103-7450

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2013

Transaction ID : SB21B-205855-140000

Amount of Each Disbursement this Period

51.00
-------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. HILTON HOTELS 65367**

Mailing Address 1335 AVENUE OF THE AMERIC

City NEW YORK State NY Zip Code 10019-6012

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2013

Transaction ID : SB21B-205855-150000

Amount of Each Disbursement this Period

404.75
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**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

0.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. LE PAIN QUOTIDIEN**

Mailing Address 937 2ND AVE

City NEW YORK State NY Zip Code 10022-7743

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	3

Transaction ID : SB21B-205855-160000

Amount of Each Disbursement this Period

4	1	.	1	8
---	---	---	---	---

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. COOK SHOP COOK SHOP**

Mailing Address 156 10TH AVE

City NEW YORK State NY Zip Code 10011-4724

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	3

Transaction ID : SB21B-205855-170000

Amount of Each Disbursement this Period

8	6	.	8	6
---	---	---	---	---

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. Hilton Garden Inn Po**

Mailing Address 65 COMMERCIAL ST

City Portland State ME Zip Code 04101-4703

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	3

Transaction ID : SB21B-205855-180000

Amount of Each Disbursement this Period

1	7	.	3	0	6
---	---	---	---	---	---

[MEMO ITEM]  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
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0	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. AMTRAK**

Mailing Address 60 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205855-190000

Amount of Each Disbursement this Period

75.00

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. AMTRAK**

Mailing Address 60 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205855-200000

Amount of Each Disbursement this Period

398.00

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. TAXI CREDIT CARD COR**

Mailing Address 5411 QUEENS BLVD

City WOODSIDE State NY Zip Code 11377-4642

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205855-210000

Amount of Each Disbursement this Period

9.25

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. NYC TAXI MEDALLION 2**

Mailing Address 3414 64TH ST

City State Zip Code  
WOODSIDE NY 11377-2328

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205855-220000

Amount of Each Disbursement this Period

13.00

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 360001

City State Zip Code  
Fort Lauderdale FL 33336

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205856

Amount of Each Disbursement this Period

3027.90

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

**C. US AIRWAYS**

Mailing Address ATTN RWE-STX

City State Zip Code  
Phoenix AZ 85034

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205856-10000

Amount of Each Disbursement this Period

52.00

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3027.90

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. US AIRWAYS**

Mailing Address ATTN RWE-STX

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205856-20000

Amount of Each Disbursement this Period

148.90

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. US AIRWAYS**

Mailing Address ATTN RWE-STX

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205856-30000

Amount of Each Disbursement this Period

150.00

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. US AIRWAYS**

Mailing Address ATTN RWE-STX

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205856-40000

Amount of Each Disbursement this Period

373.80

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. US AIRWAYS**

Mailing Address ATTN RWE-STX

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205856-50000

Amount of Each Disbursement this Period

148.90

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. DELTA AIR LINES**

Mailing Address ATLANTA AIRPORT

City ATLANTA State GA Zip Code 30344

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205856-60000

Amount of Each Disbursement this Period

276.60

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. STAPLES INC. 00682**

Mailing Address 500 STAPLES DR

City CHAMBERSBURG State PA Zip Code 01702-4474

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB21B-205856-70000

Amount of Each Disbursement this Period

31.78

[MEMO ITEM]  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address AMERICAN AIRLINES-CCS

City DALLAS State TX Zip Code 74133

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205856-80000

Amount of Each Disbursement this Period

352.80

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address AMERICAN AIRLINES-CCS

City DALLAS State TX Zip Code 74133

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205856-90000

Amount of Each Disbursement this Period

604.10

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. SOUTHWEST AIRLINES (**

Mailing Address PO BOX 36611

City DALLAS State TX Zip Code 75235

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205856-100000

Amount of Each Disbursement this Period

13.00

[MEMO ITEM]  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. UNITED AIRLINES**

Mailing Address 600 JEFFERSON ST

City HOUSTON State TX Zip Code 77002-7393

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2013

Transaction ID : SB21B-205856-110000

Amount of Each Disbursement this Period

524.10
--------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. JETBLUE AIRWAYS**

Mailing Address 6322 S 3000 E

City Salt Lake City State NY Zip Code 84121-6945

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2013

Transaction ID : SB21B-205856-120000

Amount of Each Disbursement this Period

142.90
--------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. JETBLUE AIRWAYS**

Mailing Address 6322 S 3000 E

City Salt Lake City State NY Zip Code 84121-6945

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2013

Transaction ID : SB21B-205856-130000

Amount of Each Disbursement this Period

201.90
--------

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. USPS 104965029920825**

Mailing Address 900 BRENTWOOD RD NE

City WASHINGTON State DC Zip Code 20066-9201

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205856-140000**

Amount of Each Disbursement this Period

3.56

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. USPS 104965029920825**

Mailing Address 900 BRENTWOOD RD NE

City WASHINGTON State DC Zip Code 20066-9201

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205856-150000**

Amount of Each Disbursement this Period

3.56

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205857**

Amount of Each Disbursement this Period

537.32

See Attached Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

537.32

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. BWI TAXI #294 888100**

Mailing Address 10967 TROTting RIDGE WAY

City State Zip Code  
COLUMBIA MD 21044

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-205857-10000**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. YELLOW CAB CO.**

Mailing Address 2129 W ROSECRANS AVE

City State Zip Code  
GARDENA CA 90249-2933

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-205857-20000**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. YELLOW CAB CO.**

Mailing Address 2129 W ROSECRANS AVE

City State Zip Code  
GARDENA CA 90249-2933

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-205857-30000**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. HOTEL WILSHIRE 0009**

Mailing Address 6317 WILSHIRE BLVD

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	11	/	2013

Transaction ID : SB21B-205857-40000

Amount of Each Disbursement this Period

251.41
--------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. FEDEX OFFICE #1759 0**

Mailing Address 1149 S HILL ST

City LOS ANGELES State CA Zip Code 90015-2229

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	11	/	2013

Transaction ID : SB21B-205857-50000

Amount of Each Disbursement this Period

0.90
------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. LARCHMONT BUNGALOW 8**

Mailing Address 107 NORTH LARCHMONT BLVD

City LOS ANGELES State CA Zip Code 90004

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	11	/	2013

Transaction ID : SB21B-205857-60000

Amount of Each Disbursement this Period

2.95
------

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

0.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. DOUBLETREE GUEST STE**

Mailing Address 1707 4TH ST

City SANTA MONICA State CA Zip Code 90401-3301

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205857-70000

Amount of Each Disbursement this Period

4.84

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. DOUBLETREE GUEST STE**

Mailing Address 1707 4TH ST

City SANTA MONICA State CA Zip Code 90401-3301

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205857-80000

Amount of Each Disbursement this Period

9.10

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. JAMES S SNYDER 88291**

Mailing Address 366 ENCINO DR.

City VISTA State CA Zip Code 92083

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205857-90000

Amount of Each Disbursement this Period

116.00

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. CARIBOU COFFEE CO #**

Mailing Address 1101 17TH ST NW

City WASHINGTON State DC Zip Code 20036-4792

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2013

**Transaction ID : SB21B-205857-10000**

Amount of Each Disbursement this Period

2.82

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. CARIBOU COFFEE CO #**

Mailing Address 1101 17TH ST NW

City WASHINGTON State DC Zip Code 20036-4792

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2013

**Transaction ID : SB21B-205857-110000**

Amount of Each Disbursement this Period

2.19

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address P.O. BOX 360001

City Ft. Lauderdale State FL Zip Code 33336

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2013

**Transaction ID : SB21B-205858**

Amount of Each Disbursement this Period

721.80

See Attached Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

721.80



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. US AIRWAYS**

Mailing Address ATTN RWE-STX

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205858-10000

Amount of Each Disbursement this Period

721.80

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205859

Amount of Each Disbursement this Period

20.00

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

**C. CRUMBS L STREET**

Mailing Address 1899 L ST NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205859-10000

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

20.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 360001

City Ft Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205860**

Amount of Each Disbursement this Period

21.85

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

**B. CLYDE'S GALLERY PLAC**

Mailing Address 707 7TH ST NW

City WASHINGTON State DC Zip Code 20001-3715

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205860-10000**

Amount of Each Disbursement this Period

21.85

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 360001

City Ft Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205861**

Amount of Each Disbursement this Period

1965.86

See Attached Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1987.71

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. DELTA AIR LINES**

Mailing Address DEPT 680 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205861-10000**

Amount of Each Disbursement this Period

316.00

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. DELTA AIR LINES**

Mailing Address DEPT 680 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205861-20000**

Amount of Each Disbursement this Period

1119.40

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. VERIZON WIRELESS KAL**

Mailing Address 1420 HWY 35 #101

City KALISPELL State MT Zip Code 59901

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B-205861-30000**

Amount of Each Disbursement this Period

16.99

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

0.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. GLACIER INT'L AIRPOR**

Mailing Address 4170 US HIGHWAY 2 E

City State Zip Code  
KALISPELL MT 59901-6573

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2013

Transaction ID : SB21B-205861-40000

Amount of Each Disbursement this Period

42.00
-------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. VDARA - CONDO HOTEL**

Mailing Address 4882 FRANK SINATRA DR

City State Zip Code  
LAS VEGAS NV 89109-4316

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2013

Transaction ID : SB21B-205861-50000

Amount of Each Disbursement this Period

97.66
-------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. PEI WEI CONC M353926**

Mailing Address 4300 GLUMACK DR

City State Zip Code  
SAINT PAUL MN 55111-3010

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2013

Transaction ID : SB21B-205861-60000

Amount of Each Disbursement this Period

6.43
------

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

0.00
------

**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. HOTEL HELIX 0565**

Mailing Address 1430 RHODE ISLAND AVE NW

City WASHINGTON State DC Zip Code 20005-5401

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : **SB21B-205861-70000**

Amount of Each Disbursement this Period

10.90

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. HOTEL HELIX 0565**

Mailing Address 1430 RHODE ISLAND AVE NW

City WASHINGTON State DC Zip Code 20005-5401

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : **SB21B-205861-80000**

Amount of Each Disbursement this Period

356.48

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address P.O. Box 360001

City Fort Lauderdale State FL Zip Code 33336

Purpose of Disbursement  
Deliveries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : **SB21B-205862**

Amount of Each Disbursement this Period

193.60

See Attached Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

193.60

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. CHERRY CREEK SHIPPIN**

Mailing Address 191 UNIVERSITY BLVD

City DENVER State CO Zip Code 80206-4613

Purpose of Disbursement  
Deliveries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205862-10000

Amount of Each Disbursement this Period

193.60

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address P.O. Box 360001

City Fort Lauderdale State FL Zip Code 33336

Purpose of Disbursement  
Online Advertising

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205863

Amount of Each Disbursement this Period

2797.57

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

**C. GOOGLE\*SVCS226554842**

Mailing Address 1600 AMPHITHEATRE PKWY

City Mountain View State CA Zip Code 94043-1351

Purpose of Disbursement  
Online Advertising

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : SB21B-205863-10000

Amount of Each Disbursement this Period

541.32

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2797.57

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. GOOGLE\*SVCS226554842**

Mailing Address 1600 AMPHITHEATRE PKWY

City Mountain View State CA Zip Code 94043-1351

Purpose of Disbursement  
Online Advertising

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 11 / 2013

**Transaction ID : SB21B-205863-20000**

Amount of Each Disbursement this Period

500.89

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. FACEBOOK.COM\*DK9S422**

Mailing Address 1601 WILLOW RD

City Menlo Park State CA Zip Code 94025-1453

Purpose of Disbursement  
Online Advertising

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 11 / 2013

**Transaction ID : SB21B-205863-30000**

Amount of Each Disbursement this Period

623.07

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. FACEBOOK.COM\*NC6S422**

Mailing Address 1601 WILLOW RD

City Menlo Park State CA Zip Code 94025-1453

Purpose of Disbursement  
Online Advertising

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 11 / 2013

**Transaction ID : SB21B-205863-40000**

Amount of Each Disbursement this Period

503.35

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. FACEBOOK.COM\*VG2S422**

Mailing Address 1601 WILLOW RD

City Menlo Park State CA Zip Code 94025-1453

Purpose of Disbursement  
Online Advertising

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-205863-50000**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. FACEBOOK.COM\*ZEXR422**

Mailing Address 1601 WILLOW RD

City Menlo Park State CA Zip Code 94025-1453

Purpose of Disbursement  
Online Advertising

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-205863-60000**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address P.O. Box 360001

City Fort Lauderdale State FL Zip Code 33336

Purpose of Disbursement  
Telephone

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-205864**

Amount of Each Disbursement this Period

See Attached Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. COMCAST CABLE COMM**

Mailing Address **ATTN LORRAINE LUCERO**

City **Denver** State **CO** Zip Code **80223-3624**

Purpose of Disbursement  
Telephone

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-205864-10000**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. Beth Davidson**

Mailing Address **3044 Monticello**

City **Port Huron** State **MI** Zip Code **48060**

Purpose of Disbursement  
Copy Writer

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-205756**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Blackbaud Merchant Services**

Mailing Address **2000 Daniel Island Drive**

City **Charleston** State **SC** Zip Code **29492**

Purpose of Disbursement  
Credit Card Service Charges

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-206092**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Bank of America**

Mailing Address 730 15th Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Bank Charges

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2013

**Transaction ID : SB21B-206084**

Amount of Each Disbursement this Period

2198.90

Full Name (Last, First, Middle Initial)

**B. Caroline Fines**

Mailing Address 10621 Regent Park Court

City Fairfax State VA Zip Code 22030

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2013

**Transaction ID : SB21B-206226**

Amount of Each Disbursement this Period

2430.48

Full Name (Last, First, Middle Initial)

**C. Victoria Kempter**

Mailing Address 2950 Van Ness St NW #125

City Washington State DC Zip Code 20008

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2013

**Transaction ID : SB21B-206227**

Amount of Each Disbursement this Period

1190.52

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5819.90

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Amy Dacey**

Mailing Address 4200 Cathedral Ave., NW  
#718

City Washington State DC Zip Code 20016

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2013

**Transaction ID : SB21B-206228**

Amount of Each Disbursement this Period

4986.31

Full Name (Last, First, Middle Initial)

**B. Megan Giles**

Mailing Address 1055 5th Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2013

**Transaction ID : SB21B-206229**

Amount of Each Disbursement this Period

1763.32

Full Name (Last, First, Middle Initial)

**C. Lindsay Hicks**

Mailing Address 955 South Columbus Street  
#120

City Arlington State VA Zip Code 22204

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2013

**Transaction ID : SB21B-206230**

Amount of Each Disbursement this Period

1117.12

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7866.75

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Ellen R Malcolm**

Mailing Address 5060 Linnean Avenue, NW

City Washington, State DC Zip Code 20008

Purpose of Disbursement Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2013

Transaction ID : SB21B-206231

Amount of Each Disbursement this Period

991.51

Full Name (Last, First, Middle Initial)

**B. Stephanie Schriock**

Mailing Address 3225 Valley Drive

City Alexandria, State VA Zip Code 22302

Purpose of Disbursement Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2013

Transaction ID : SB21B-206232

Amount of Each Disbursement this Period

5998.94

Full Name (Last, First, Middle Initial)

**C. Sooraj Mathew**

Mailing Address 800 John Carlyle Street #322

City Alexandria, State VA Zip Code 22314

Purpose of Disbursement Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2013

Transaction ID : SB21B-206233

Amount of Each Disbursement this Period

2107.03

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

9097.48

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Melanie Smith**

Mailing Address 2100 Connecticut Ave, NW  
Apartment 609

City Washington State DC Zip Code 20008

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2013

**Transaction ID : SB21B-206234**

Amount of Each Disbursement this Period

1357.32

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Nicole Vance**

Mailing Address 1302 Massachusetts Avenue, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2013

**Transaction ID : SB21B-206235**

Amount of Each Disbursement this Period

2148.47

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Hilary Wallington**

Mailing Address 722 12th Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2013

**Transaction ID : SB21B-206236**

Amount of Each Disbursement this Period

1046.70

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4552.49

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Emily Beardsley**

Mailing Address 1776 Lanier Place NW #5C

City Washington State DC Zip Code 20009

Purpose of Disbursement Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2013

**Transaction ID : SB21B-206237**

Amount of Each Disbursement this Period

1413.39

Full Name (Last, First, Middle Initial)

**B. Erica Best**

Mailing Address 221 Seaton Place, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2013

**Transaction ID : SB21B-206238**

Amount of Each Disbursement this Period

1239.22

Full Name (Last, First, Middle Initial)

**C. Lizzie Cooper**

Mailing Address 945 Route 35

City Cross River State NY Zip Code 10518

Purpose of Disbursement Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2013

**Transaction ID : SB21B-206239**

Amount of Each Disbursement this Period

2954.97

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5607.58

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Louisa Whitney**

Mailing Address 1701 16th Street NW  
Apartment 721

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-206240**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Kali Murphy**

Mailing Address 461 N Thomas Street  
Apt 407

City Arlington State VA Zip Code 22203

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-206241**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Michelle Ortiz**

Mailing Address 2801 Turk Blvd #306

City San Francisco State CA Zip Code 94118

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-206242**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Andrea Pagano Reyes**

Mailing Address 4501 Connecticut Ave, NW #723

City Washington State DC Zip Code 20008

Purpose of Disbursement Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2013

Transaction ID : SB21B-206243

Amount of Each Disbursement this Period

2538.70

Full Name (Last, First, Middle Initial)

**B. Pat Reyes**

Mailing Address 2601 Glenview Rd

City Glenview State IL Zip Code 60025

Purpose of Disbursement Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2013

Transaction ID : SB21B-206244

Amount of Each Disbursement this Period

2957.10

Full Name (Last, First, Middle Initial)

**C. Amalia Stott**

Mailing Address 10137 Crestberry Place

City Bethesda State MD Zip Code 20817

Purpose of Disbursement Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2013

Transaction ID : SB21B-206245

Amount of Each Disbursement this Period

4670.24

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

10166.04



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Marissa Strickfaden**

Mailing Address 1100 First Street, SE  
Apt 511

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2013

Transaction ID : SB21B-206246

Amount of Each Disbursement this Period

1472.85

Full Name (Last, First, Middle Initial)

**B. Jennifer Addison**

Mailing Address 1611 Maddux Lane

City McLean State VA Zip Code 22101

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2013

Transaction ID : SB21B-206247

Amount of Each Disbursement this Period

1061.58

Full Name (Last, First, Middle Initial)

**C. Alison McQuade**

Mailing Address 320 23rd Street South  
#1526

City Arlington State VA Zip Code 22202

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2013

Transaction ID : SB21B-206248

Amount of Each Disbursement this Period

1785.41

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4319.84

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Melissa Ryan**

Mailing Address 1884 Columbia Rd, NW  
#604

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2013

**Transaction ID : SB21B-206249**

Amount of Each Disbursement this Period

3344.58

Full Name (Last, First, Middle Initial)

**B. Ryan Sims**

Mailing Address 1717 E. Capitol Street SE  
Apt. 262

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2013

**Transaction ID : SB21B-206250**

Amount of Each Disbursement this Period

1522.30

Full Name (Last, First, Middle Initial)

**C. Sean Wagman**

Mailing Address 4107 Connecticut Avenue, NW  
#408

City Washington State DC Zip Code 20008

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2013

**Transaction ID : SB21B-206251**

Amount of Each Disbursement this Period

1464.28

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

6331.16

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Priyanka Mantha**

Mailing Address 3314 Mt. Pleasant St NW  
Apt 37

City Washington State DC Zip Code 20010

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2013

**Transaction ID : SB21B-206252**

Amount of Each Disbursement this Period

1315.43

Full Name (Last, First, Middle Initial)

**B. Jessica Mcintosh**

Mailing Address 1700 Kalorama Road  
#404

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2013

**Transaction ID : SB21B-206253**

Amount of Each Disbursement this Period

2769.73

Full Name (Last, First, Middle Initial)

**C. Marciann Stech**

Mailing Address 2026 16th Street, NW  
Apt 3

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2013

**Transaction ID : SB21B-206254**

Amount of Each Disbursement this Period

1969.52

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

6054.68

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jessica Byrd**

Mailing Address 309 M Street, NW  
Apt B

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2013

**Transaction ID : SB21B-206255**

Amount of Each Disbursement this Period

1504.38

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Denise Feriozzi**

Mailing Address 2243 12th Street, NW

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2013

**Transaction ID : SB21B-206256**

Amount of Each Disbursement this Period

3598.70

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Heather Kashner**

Mailing Address 13 Salmon Run

City Camden State ME Zip Code 04843

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2013

**Transaction ID : SB21B-206257**

Amount of Each Disbursement this Period

2850.14

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7953.22

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Katelyn Stoner**

Mailing Address 929 7th Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2013

**Transaction ID : SB21B-206258**

Amount of Each Disbursement this Period

1181.77

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Daniella Urbina**

Mailing Address 103 G Street, SW  
Apt. 219B

City Washington State DC Zip Code 20024

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2013

**Transaction ID : SB21B-206259**

Amount of Each Disbursement this Period

1321.96

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Muthoni Wambu**

Mailing Address 1215 Dexter Ave N  
Apt 636

City Seattle State WA Zip Code 98109

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2013

**Transaction ID : SB21B-206260**

Amount of Each Disbursement this Period

3081.72

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5585.45

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Catherine Loeffelman</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2013
Mailing Address 1811 Wyoming Ave. NW. Apt 1		<b>Transaction ID : SB21B-206261</b>
City Washington	State DC	
Zip Code 20009	Purpose of Disbursement Salaries	Amount of Each Disbursement this Period 2443.52
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sarah Pierz</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2013
Mailing Address 309 M Street NW Apt B		<b>Transaction ID : SB21B-206262</b>
City Washington	State DC	
Zip Code 20001	Purpose of Disbursement Salaries	Amount of Each Disbursement this Period 1298.20
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Karissa Barnett</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2013
Mailing Address 766 Irving St, NW		<b>Transaction ID : SB21B-206263</b>
City Washington	State DC	
Zip Code 20010	Purpose of Disbursement Salaries	Amount of Each Disbursement this Period 1104.38
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4846.10
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Emily Campbell</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2013
Mailing Address 554 Halloran Springs Road		<b>Transaction ID : SB21B-206264</b>
City Las Vegas	State NV	
Zip Code 89148	Purpose of Disbursement Salaries	Amount of Each Disbursement this Period 2676.83
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Garrick Delzell</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2013
Mailing Address 1120 Connecticut Ave NW Ste 1100		<b>Transaction ID : SB21B-206265</b>
City Washington	State DC	
Zip Code 20036	Purpose of Disbursement Salaries	Amount of Each Disbursement this Period 2621.30
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Peggy Egan</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2013
Mailing Address 20518 East Shore, Hwy 35		<b>Transaction ID : SB21B-206266</b>
City Bigfork	State MT	
Zip Code 59911	Purpose of Disbursement Salaries	Amount of Each Disbursement this Period 2514.74
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7812.87
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Samuel Nitz**

Mailing Address 1200 N Street, NW  
#608

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2013

**Transaction ID : SB21B-206267**

Amount of Each Disbursement this Period

1950.50

Full Name (Last, First, Middle Initial)

**B. Jonathan Parker**

Mailing Address 1611 Hobart Street NW

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2013

**Transaction ID : SB21B-206268**

Amount of Each Disbursement this Period

4068.05

Full Name (Last, First, Middle Initial)

**C. Jessica Post**

Mailing Address 355 I Street, SW  
#S620

City Washington State DC Zip Code 20024

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2013

**Transaction ID : SB21B-206269**

Amount of Each Disbursement this Period

2673.94

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

8692.49



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Mary Jane Volk**

Mailing Address 541 E. Nelson Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2013

Transaction ID : SB21B-206270

Amount of Each Disbursement this Period

2861.85
---------

Full Name (Last, First, Middle Initial)

**B. Leigh Warren**

Mailing Address 3109 Patrick Henry Drive #623

City Falls Church State VA Zip Code 20444

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2013

Transaction ID : SB21B-206271

Amount of Each Disbursement this Period

2645.48
---------

Full Name (Last, First, Middle Initial)

**C. Kate Watts**

Mailing Address 1425 4th Street, SW Apt. A217

City Washington State DC Zip Code 20024

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2013

Transaction ID : SB21B-206272

Amount of Each Disbursement this Period

977.74
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

6485.07
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Yvonne Williams**

Mailing Address 5412 Bradford Ct. #231

City Alexandria State VA Zip Code 22311

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2013

**Transaction ID : SB21B-206273**

Amount of Each Disbursement this Period

1774.01

Full Name (Last, First, Middle Initial)

**B. SaBrina Brown**

Mailing Address 3730 5th St.

City North Beach State MD Zip Code 20714

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2013

**Transaction ID : SB21B-206274**

Amount of Each Disbursement this Period

3339.34

Full Name (Last, First, Middle Initial)

**C. Lesbia Cajchun**

Mailing Address 2902 Kings Chapel Rd, #7

City Falls Church State VA Zip Code 22042

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2013

**Transaction ID : SB21B-206275**

Amount of Each Disbursement this Period

2062.77

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7176.12

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Ray Keating**

Mailing Address 816 Lucky Rd

City State Zip Code  
Severn MD 21144

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2013

**Transaction ID : SB21B-206276**

Amount of Each Disbursement this Period

2279.57
---------

Full Name (Last, First, Middle Initial)

**B. Blackbaud Merchant Services**

Mailing Address 2000 Daniel Island Drive

City State Zip Code  
Charleston SC 29492

Purpose of Disbursement  
Credit Card Service Charges

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2013

**Transaction ID : SB21B-206093**

Amount of Each Disbursement this Period

88.08
-------

Full Name (Last, First, Middle Initial)

**C. ADP**

Mailing Address P.O. BOX 842854

City State Zip Code  
Boston MA 02284

Purpose of Disbursement  
Taxes - Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2013

**Transaction ID : SB21B-206278**

Amount of Each Disbursement this Period

66784.72
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

69152.37
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. John Hancock c/o City Bank Delaware**

Mailing Address 1615 Brett Road Lock Box 7122

City New Castle State DE Zip Code 19720

Purpose of Disbursement  
Employment Pension/ 401(k)

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 16 / 2013

**Transaction ID : SB21B-206099**

Amount of Each Disbursement this Period

10088.66

Full Name (Last, First, Middle Initial)

**B. Karissa Barnett**

Mailing Address 766 Irving St, NW

City Washington State DC Zip Code 20010

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 16 / 2013

**Transaction ID : SB21B-205914**

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

**C. Discovery Benefits, Inc.**

Mailing Address 3216 13th Avenue South

City Fargo State ND Zip Code 58103

Purpose of Disbursement  
Insurance Health/Life

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2013

**Transaction ID : SB21B-206096**

Amount of Each Disbursement this Period

915.79

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

11154.45

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Discovery Benefits, Inc.**

Mailing Address 3216 13th Avenue South

City State Zip Code  
 Fargo ND 58103

Purpose of Disbursement  
 Insurance Health/Life

Candidate Name

Office Sought:  House  
 Senate  
 President  
 State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2013

**Transaction ID : SB21B-206097**

Amount of Each Disbursement this Period

66.66
-------

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address P.O. Box 360001

City State Zip Code  
 Fort Lauderdale FL 33336

Purpose of Disbursement  
 Office Supplies Expenses

Candidate Name

Office Sought:  House  
 Senate  
 President  
 State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2013

**Transaction ID : SB21B-205915**

Amount of Each Disbursement this Period

109.43
--------

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

**C. OFFICEMAX, INC. 0110**

Mailing Address 7341 W TOWNE WAY

City State Zip Code  
 MADISON WI 53719-1028

Purpose of Disbursement  
 Office Supplies Expenses

Candidate Name

Office Sought:  House  
 Senate  
 President  
 State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2013

**Transaction ID : SB21B-205915-10000**

Amount of Each Disbursement this Period

17.70
-------

**[MEMO ITEM]**  
 Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

176.09
--------

**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. THE UPS STORE 3391**

Mailing Address 1360 REGENT ST

City MADISON State WI Zip Code 53715-1255

Purpose of Disbursement  
Office Supplies Expenses

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 17 / 2013

**Transaction ID : SB21B-205915-20000**

Amount of Each Disbursement this Period

91.73

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address P.O. Box 360001

City Fort Lauderdale State FL Zip Code 33336

Purpose of Disbursement  
Parking Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 17 / 2013

**Transaction ID : SB21B-205916**

Amount of Each Disbursement this Period

35.00

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

**C. PMI 1741 L. ST. 5429**

Mailing Address 1741 L ST NW

City WASHINGTON State DC Zip Code 20036-5404

Purpose of Disbursement  
Parking Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 17 / 2013

**Transaction ID : SB21B-205916-10000**

Amount of Each Disbursement this Period

10.00

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

35.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. PMI 1741 L. ST. 5429**

Mailing Address 1741 L ST NW

City WASHINGTON State DC Zip Code 20036-5404

Purpose of Disbursement  
Parking Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 17 / 2013

Transaction ID : SB21B-205916-20000

Amount of Each Disbursement this Period

15.00

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. PMI 1741 L. ST. 5429**

Mailing Address 1741 L ST NW

City WASHINGTON State DC Zip Code 20036-5404

Purpose of Disbursement  
Parking Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 17 / 2013

Transaction ID : SB21B-205916-30000

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address P.O. Box 360001

City Fort Lauderdale State FL Zip Code 33336

Purpose of Disbursement  
Telephone

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 17 / 2013

Transaction ID : SB21B-205917

Amount of Each Disbursement this Period

15.97

See Attached Memo Entry

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

15.97

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. PHONE SVC**

Mailing Address 11201 SE 8TH ST

City Bellevue State WA Zip Code 98004-6420

Purpose of Disbursement Telephone

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2013

**Transaction ID : SB21B-205917-10000**

Amount of Each Disbursement this Period

15.97

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address P.O. Box 360001

City Fort Lauderdale State FL Zip Code 33336

Purpose of Disbursement Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2013

**Transaction ID : SB21B-205918**

Amount of Each Disbursement this Period

463.94

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

**C. UNION CAB OF MADISON**

Mailing Address 2458 PENNSYLVANIA AVE

City Madison State WI Zip Code 53704-4754

Purpose of Disbursement Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2013

**Transaction ID : SB21B-205918-10000**

Amount of Each Disbursement this Period

19.50

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

463.94



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. UBER TECHNOLOGIES IN**

Mailing Address 182 HOWARD ST

City State Zip Code  
SAN FRANCISCO CA 94105-1611

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2013

Transaction ID : SB21B-205918-20000

Amount of Each Disbursement this Period

30.00

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. FRONTIER AIRLINES, I**

Mailing Address 7001 TOWER RD

City State Zip Code  
FRONTIER WEB OK 80249-7312

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2013

Transaction ID : SB21B-205918-30000

Amount of Each Disbursement this Period

20.00

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. MIDWAY CAR RENTAL LA**

Mailing Address 6151 W CENTURY BLVD

City State Zip Code  
LOS ANGELES CA 90045-5312

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2013

Transaction ID : SB21B-205918-40000

Amount of Each Disbursement this Period

84.24

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. SHELL OIL 5744271880**

Mailing Address 12700 NORTHBOROUGH DR

City LOS ANGELES State CA Zip Code 77067-2552

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2013

**Transaction ID : SB21B-205918-50000**

Amount of Each Disbursement this Period

18.65

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. FRONTIER AIRLINES, I**

Mailing Address 7001 TOWER RD

City MADISON State OK Zip Code 80249-7312

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2013

**Transaction ID : SB21B-205918-60000**

Amount of Each Disbursement this Period

40.00

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. MSN QUIZNOS 2001322**

Mailing Address 4000 INTERNATIONAL LANE

City MADISON State WI Zip Code 53704

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2013

**Transaction ID : SB21B-205918-70000**

Amount of Each Disbursement this Period

11.91

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. MSN QUIZNOS 2001322**

Mailing Address 4000 INTERNATIONAL LANE

City MADISON State WI Zip Code 53704

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-205918-80000**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. BARRIQUES COFFEE TRA**

Mailing Address 127 WEST WASHINGTON AVE

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-205918-90000**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. PANERA BREAD #4227 0**

Mailing Address 12131 CANTURA ST

City STUDIO CITY State CA Zip Code 91604-2502

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-205918-100000**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. HYATT HOTELS W. HOLL**

Mailing Address 8401 W SUNSET BLVD

City W. HOLLYWOOD State CA Zip Code 90069-1909

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2013

Transaction ID : SB21B-205918-110000

Amount of Each Disbursement this Period

32.00

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. PMI 1741 L. ST. 5429**

Mailing Address 1741 L ST NW

City WASHINGTON State DC Zip Code 20036-5404

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2013

Transaction ID : SB21B-205918-120000

Amount of Each Disbursement this Period

15.00

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. PMI 1741 L. ST. 5429**

Mailing Address 1741 L ST NW

City WASHINGTON State DC Zip Code 20036-5404

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2013

Transaction ID : SB21B-205918-130000

Amount of Each Disbursement this Period

10.00

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. PMI 1741 L. ST. 5429**

Mailing Address 1741 L ST NW

City WASHINGTON State DC Zip Code 20036-5404

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 17 / 2013

Transaction ID : SB21B-205918-140000

Amount of Each Disbursement this Period

10.00

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. Renaissance9671NMAYF**

Mailing Address 1127 CONNECTICUT AVE NW

City WASHINGTON State DC Zip Code 20036-4301

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 17 / 2013

Transaction ID : SB21B-205918-150000

Amount of Each Disbursement this Period

51.17

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. WHOLEFDS PST 10135 0**

Mailing Address 1440 P ST NW

City WASHINGTON State DC Zip Code 20005-1908

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 17 / 2013

Transaction ID : SB21B-205918-160000

Amount of Each Disbursement this Period

8.85

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. 1724 L ST AUBONPAIN**

Mailing Address 1724 L ST NW

City WASHINGTON State DC Zip Code 20036-5406

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 17 / 2013

Transaction ID : SB21B-205918-170000

Amount of Each Disbursement this Period

2.08

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. ALLIE'S DELI**

Mailing Address RR WASH INTL ARPT TERM A

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 17 / 2013

Transaction ID : SB21B-205918-180000

Amount of Each Disbursement this Period

10.89

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. BUDGET RENT A CAR**

Mailing Address 300 CENTRE POINTE DR

City WASHINGTON State DC Zip Code 23462-4415

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 17 / 2013

Transaction ID : SB21B-205918-190000

Amount of Each Disbursement this Period

17.09

[MEMO ITEM]  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. 1724 L ST AUBONPAIN**

Mailing Address 1724 L ST NW

City WASHINGTON State DC Zip Code 20036-5406

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 17 / 2013

Transaction ID : SB21B-205918-200000

Amount of Each Disbursement this Period

9.99

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. 1724 L ST AUBONPAIN**

Mailing Address 1724 L ST NW

City WASHINGTON State DC Zip Code 20036-5406

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 17 / 2013

Transaction ID : SB21B-205918-210000

Amount of Each Disbursement this Period

4.38

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. Renaissance9671NMAYF**

Mailing Address 1127 CONNECTICUT AVE NW

City WASHINGTON State DC Zip Code 20036-4301

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 17 / 2013

Transaction ID : SB21B-205918-220000

Amount of Each Disbursement this Period

30.60

[MEMO ITEM]  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. SEAMLESS \* CHOP'T CR**

Mailing Address 1065 AVENUE OF THE AMERIC

City WASHINGTON State DC Zip Code 10018-1878

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2013

**Transaction ID : SB21B-205918-230000**

Amount of Each Disbursement this Period

11.99

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address Po Box 360001

City Ft. Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement  
Computer Supplies/Hardware

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2013

**Transaction ID : SB21B-205919**

Amount of Each Disbursement this Period

3389.37

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

**C. DELL MARKETING L.P.**

Mailing Address 1 DELL WAY

City ROUND ROCK State TX Zip Code 78682-7000

Purpose of Disbursement  
Computer Supplies/Hardware

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2013

**Transaction ID : SB21B-205919-10000**

Amount of Each Disbursement this Period

50.67

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3389.37



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. DELL MARKETING L.P.**

Mailing Address 1 DELL WAY

City ROUND ROCK State TX Zip Code 78682-7000

Purpose of Disbursement  
Computer Supplies/Hardware

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 17 / 2013

Transaction ID : SB21B-205919-20000

Amount of Each Disbursement this Period

148.35

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. DELL MARKETING L.P.**

Mailing Address 1 DELL WAY

City ROUND ROCK State TX Zip Code 78682-7000

Purpose of Disbursement  
Computer Supplies/Hardware

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 17 / 2013

Transaction ID : SB21B-205919-30000

Amount of Each Disbursement this Period

334.96

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. DELL MARKETING L.P.**

Mailing Address 1 DELL WAY

City ROUND ROCK State TX Zip Code 78682-7000

Purpose of Disbursement  
Computer Supplies/Hardware

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 17 / 2013

Transaction ID : SB21B-205919-40000

Amount of Each Disbursement this Period

406.99

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. DELL MARKETING L.P.**

Mailing Address 1 DELL WAY

City ROUND ROCK State TX Zip Code 78682-7000

Purpose of Disbursement  
Computer Supplies/Hardware

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2013

Transaction ID : SB21B-205919-50000

Amount of Each Disbursement this Period

2448.40

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address Po Box 360001

City Ft. Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement  
Employee Training/ Planning

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2013

Transaction ID : SB21B-205920

Amount of Each Disbursement this Period

100.00

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

**C. SYLVESTER MANAGEMENT**

Mailing Address 7522 IRMO DR

City COLUMBIA State SC Zip Code 29212-8640

Purpose of Disbursement  
Employee Training/ Planning

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2013

Transaction ID : SB21B-205920-10000

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

100.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address Po Box 360001

City Ft. Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement  
Internet Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	1	3

**Transaction ID : SB21B-205921**

Amount of Each Disbursement this Period

2	8	9	2	.	9	6
---	---	---	---	---	---	---

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

**B. LIVESTREAM**

Mailing Address 111 8TH AVE

City New York State NY Zip Code 10011

Purpose of Disbursement  
Internet Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	1	3

**Transaction ID : SB21B-205921-10000**

Amount of Each Disbursement this Period

3	5	0	.	0	0
---	---	---	---	---	---

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. TWITTERCOUNTER.COM**

Mailing Address SUBMISSIONS USD

City AMSTERDAM State Zip Code 00000

Purpose of Disbursement  
Internet Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	1	3

**Transaction ID : SB21B-205921-20000**

Amount of Each Disbursement this Period

1	5	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2	8	9	2	.	9	6
---	---	---	---	---	---	---

3	5	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. ARGYLE SOCIAL**

Mailing Address 208 RIGSBEE AVE

City DURHAM State NC Zip Code 27713

Purpose of Disbursement  
Internet Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2013

Transaction ID : SB21B-205921-30000

Amount of Each Disbursement this Period

2400.00

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. NETWORK SOLUTIONS, L**

Mailing Address 13861 SUNRISE VALLEY DR

City HERNDON State VA Zip Code 20171-6126

Purpose of Disbursement  
Internet Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2013

Transaction ID : SB21B-205921-40000

Amount of Each Disbursement this Period

127.96

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address Po Box 360001

City Ft. Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement  
Office Supplies Expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2013

Transaction ID : SB21B-205922

Amount of Each Disbursement this Period

392.49

See Attached Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

392.49

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. BJ S WHOLESALE CLUB**

Mailing Address 66007 WILSON BLVD

City Falls Church State VA Zip Code 22044

Purpose of Disbursement  
Office Supplies Expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2013

Transaction ID : SB21B-205922-10000

Amount of Each Disbursement this Period

69.36

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. SAFEWAY STORE 28**

Mailing Address 6118 ARLINGTON BLVD

City Falls Church State VA Zip Code 22044-2901

Purpose of Disbursement  
Office Supplies Expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2013

Transaction ID : SB21B-205922-20000

Amount of Each Disbursement this Period

42.64

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. SHOPPERS FOOD/PHARM**

Mailing Address ATTN BOOKKEEPER OR MGR

City Falls Church State VA Zip Code 22044

Purpose of Disbursement  
Office Supplies Expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2013

Transaction ID : SB21B-205922-30000

Amount of Each Disbursement this Period

38.58

[MEMO ITEM]  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

0.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. BJ S WHOLESALE CLUB**

Mailing Address 66007 WILSON BLVD

City Falls Church State VA Zip Code 22044

Purpose of Disbursement  
Office Supplies Expenses

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2013

Transaction ID : SB21B-205922-40000

Amount of Each Disbursement this Period

224.96

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. EFAX PLUS SERVICE**

Mailing Address 6922 HOLLYWOOD BLVD

City Los Angeles State CA Zip Code 90028-6129

Purpose of Disbursement  
Office Supplies Expenses

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2013

Transaction ID : SB21B-205922-50000

Amount of Each Disbursement this Period

16.95

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address Po Box 360001

City Ft. Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement  
Online Advertising

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2013

Transaction ID : SB21B-205923

Amount of Each Disbursement this Period

14465.00

See Attached Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

14465.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. FACEBOOK.COM\*5BJS422**

Mailing Address 1601 WILLOW RD

City Menlo Park State CA Zip Code 94025-1453

Purpose of Disbursement  
Online Advertising

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2013

**Transaction ID : SB21B-205923-10000**

Amount of Each Disbursement this Period

990.72

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. FACEBOOK.COM\*H9KS422**

Mailing Address 1601 WILLOW RD

City Menlo Park State CA Zip Code 94025-1453

Purpose of Disbursement  
Online Advertising

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2013

**Transaction ID : SB21B-205923-20000**

Amount of Each Disbursement this Period

149.16

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. FACEBOOK.COM\*APNS422**

Mailing Address 1601 WILLOW RD

City Menlo Park State CA Zip Code 94025-1453

Purpose of Disbursement  
Online Advertising

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2013

**Transaction ID : SB21B-205923-30000**

Amount of Each Disbursement this Period

186.97

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. FACEBOOK.COM*G2SS422</b>		Date of Disbursement MM / DD / YYYY 04 / 17 / 2013
Mailing Address 1601 WILLOW RD		<b>Transaction ID : SB21B-205923-40000</b>
City Menlo Park	State CA	
Purpose of Disbursement Online Advertising		Amount of Each Disbursement this Period 332.61
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> Memo Entry
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. FACEBOOK.COM*EDVS422</b>		Date of Disbursement MM / DD / YYYY 04 / 17 / 2013
Mailing Address 1601 WILLOW RD		<b>Transaction ID : SB21B-205923-50000</b>
City Menlo Park	State CA	
Purpose of Disbursement Online Advertising		Amount of Each Disbursement this Period 199.54
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> Memo Entry
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. FACEBOOK.COM*RPYS422</b>		Date of Disbursement MM / DD / YYYY 04 / 17 / 2013
Mailing Address 1601 WILLOW RD		<b>Transaction ID : SB21B-205923-60000</b>
City Menlo Park	State CA	
Purpose of Disbursement Online Advertising		Amount of Each Disbursement this Period 141.84
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> Memo Entry
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. FACEBOOK.COM\*N34T422**

Mailing Address 1601 WILLOW RD

City Menlo Park State CA Zip Code 94025-1453

Purpose of Disbursement  
Online Advertising

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2013

**Transaction ID : SB21B-205923-70000**

Amount of Each Disbursement this Period

164.88

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. FACEBOOK.COM\*CS7T422**

Mailing Address 1601 WILLOW RD

City Menlo Park State CA Zip Code 94025-1453

Purpose of Disbursement  
Online Advertising

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2013

**Transaction ID : SB21B-205923-80000**

Amount of Each Disbursement this Period

143.96

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. GOOGLE\*SVCS226554842**

Mailing Address 1600 AMPHITHEATRE PKWY

City Mountain View State CA Zip Code 94043-1351

Purpose of Disbursement  
Online Advertising

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2013

**Transaction ID : SB21B-205923-90000**

Amount of Each Disbursement this Period

510.35

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. GOOGLE\*SVCS226554842**

Mailing Address 1600 AMPHITHEATRE PKWY

City Mountain View State CA Zip Code 94043-1351

Purpose of Disbursement  
Online Advertising

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2013

**Transaction ID : SB21B-205923-10000**

Amount of Each Disbursement this Period

511.47

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. FACEBOOK.COM\*4UAT422**

Mailing Address 1601 WILLOW RD

City Menlo Park State CA Zip Code 94025-1453

Purpose of Disbursement  
Online Advertising

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2013

**Transaction ID : SB21B-205923-110000**

Amount of Each Disbursement this Period

96.61

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. FACEBOOK.COM\*69ET422**

Mailing Address 1601 WILLOW RD

City Menlo Park State CA Zip Code 94025-1453

Purpose of Disbursement  
Online Advertising

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2013

**Transaction ID : SB21B-205923-120000**

Amount of Each Disbursement this Period

76.03

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

0.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. FACEBOOK.COM\*2VHT422**

Mailing Address 1601 WILLOW RD

City Menlo Park State CA Zip Code 94025-1453

Purpose of Disbursement  
Online Advertising

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	7			2	0	1	3		

**Transaction ID : SB21B-205923-130000**

Amount of Each Disbursement this Period

8	3	.	3	3
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**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. GOOGLE\*SVCS226554842**

Mailing Address 1600 AMPHITHEATRE PKWY

City Mountain View State CA Zip Code 94043-1351

Purpose of Disbursement  
Online Advertising

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	7			2	0	1	3		

**Transaction ID : SB21B-205923-140000**

Amount of Each Disbursement this Period

5	0	5	.	9	9
---	---	---	---	---	---

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. FACEBOOK.COM\*SAMT422**

Mailing Address 1601 WILLOW RD

City Menlo Park State CA Zip Code 94025-1453

Purpose of Disbursement  
Online Advertising

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	7			2	0	1	3		

**Transaction ID : SB21B-205923-150000**

Amount of Each Disbursement this Period

1	0	9	.	6	3
---	---	---	---	---	---

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0
---	---	---

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. FACEBOOK.COM\*7PQT422**

Mailing Address 1601 WILLOW RD

City Menlo Park State CA Zip Code 94025-1453

Purpose of Disbursement  
Online Advertising

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	1	3

**Transaction ID : SB21B-205923-160000**

Amount of Each Disbursement this Period

1	3	3	6	6
---	---	---	---	---

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. FACEBOOK.COM\*Y8UT422**

Mailing Address 1601 WILLOW RD

City Menlo Park State CA Zip Code 94025-1453

Purpose of Disbursement  
Online Advertising

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	1	3

**Transaction ID : SB21B-205923-170000**

Amount of Each Disbursement this Period

1	6	4	0	9
---	---	---	---	---

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. FACEBOOK.COM\*UWXT422**

Mailing Address 1601 WILLOW RD

City Menlo Park State CA Zip Code 94025-1453

Purpose of Disbursement  
Online Advertising

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	1	3

**Transaction ID : SB21B-205923-180000**

Amount of Each Disbursement this Period

5	9	5	0	0
---	---	---	---	---

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0	0
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0	0	0	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)  
**A. GOOGLE\*SVCS226554842**

Mailing Address 1600 AMPHITHEATRE PKWY

City Mountain View State CA Zip Code 94043-1351

Purpose of Disbursement Online Advertising

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 17 / 2013

Transaction ID : **SB21B-205923-190000**

Amount of Each Disbursement this Period: 558.30

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)  
**B. FACEBOOK.COM\*863U422**

Mailing Address 1601 WILLOW RD

City Menlo Park State CA Zip Code 94025-1453

Purpose of Disbursement Online Advertising

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 17 / 2013

Transaction ID : **SB21B-205923-200000**

Amount of Each Disbursement this Period: 1232.44

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)  
**C. FACEBOOK.COM\*K9AU422**

Mailing Address 1601 WILLOW RD

City Menlo Park State CA Zip Code 94025-1453

Purpose of Disbursement Online Advertising

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 17 / 2013

Transaction ID : **SB21B-205923-210000**

Amount of Each Disbursement this Period: 1601.41

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. GOOGLE\*SVCS226554842**

Date of Disbursement: MM / DD / YYYY  
04 / 17 / 2013

Mailing Address 1600 AMPHITHEATRE PKWY

City Mountain View State CA Zip Code 94043-1351

Purpose of Disbursement Online Advertising

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID : **SB21B-205923-220000**

Amount of Each Disbursement this Period: 530.34

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. FACEBOOK.COM\*V2EU422**

Date of Disbursement: MM / DD / YYYY  
04 / 17 / 2013

Mailing Address 1601 WILLOW RD

City Menlo Park State CA Zip Code 94025-1453

Purpose of Disbursement Online Advertising

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID : **SB21B-205923-230000**

Amount of Each Disbursement this Period: 428.88

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. FACEBOOK.COM\*W6HU422**

Date of Disbursement: MM / DD / YYYY  
04 / 17 / 2013

Mailing Address 1601 WILLOW RD

City Menlo Park State CA Zip Code 94025-1453

Purpose of Disbursement Online Advertising

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID : **SB21B-205923-240000**

Amount of Each Disbursement this Period: 527.22

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. FACEBOOK.COM\*WLLU422**

Mailing Address 1601 WILLOW RD

City Menlo Park State CA Zip Code 94025-1453

Purpose of Disbursement  
Online Advertising

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	7			2	0	1	3		

**Transaction ID : SB21B-205923-250000**

Amount of Each Disbursement this Period

6	0	4	.	7	6
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**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. FACEBOOK.COM\*QHPU422**

Mailing Address 1601 WILLOW RD

City Menlo Park State CA Zip Code 94025-1453

Purpose of Disbursement  
Online Advertising

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	7			2	0	1	3		

**Transaction ID : SB21B-205923-260000**

Amount of Each Disbursement this Period

5	9	1	.	2	1
---	---	---	---	---	---

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. GOOGLE\*SVCS226554842**

Mailing Address 1600 AMPHITHEATRE PKWY

City Mountain View State CA Zip Code 94043-1351

Purpose of Disbursement  
Online Advertising

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	7			2	0	1	3		

**Transaction ID : SB21B-205923-270000**

Amount of Each Disbursement this Period

5	4	0	.	6	1
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**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0
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0	0	0
---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. FACEBOOK.COM\*48UU422**

Mailing Address 1601 WILLOW RD

City Menlo Park State CA Zip Code 94025-1453

Purpose of Disbursement  
Online Advertising

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 17 / 2013

**Transaction ID : SB21B-205923-280000**

Amount of Each Disbursement this Period

546.26

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. GOOGLE\*SVCS226554842**

Mailing Address 1600 AMPHITHEATRE PKWY

City Mountain View State CA Zip Code 94043-1351

Purpose of Disbursement  
Online Advertising

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 17 / 2013

**Transaction ID : SB21B-205923-290000**

Amount of Each Disbursement this Period

565.92

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. FACEBOOK.COM\*7UXU422**

Mailing Address 1601 WILLOW RD

City Menlo Park State CA Zip Code 94025-1453

Purpose of Disbursement  
Online Advertising

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 17 / 2013

**Transaction ID : SB21B-205923-300000**

Amount of Each Disbursement this Period

685.78

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. FACEBOOK.COM*CW3V422</b>		Date of Disbursement MM / DD / YYYY 04 / 17 / 2013
Mailing Address 1601 WILLOW RD		<b>Transaction ID : SB21B-205923-310000</b>
City Menlo Park	State CA	
Purpose of Disbursement Online Advertising		Amount of Each Disbursement this Period 408.53
Candidate Name		<b>[MEMO ITEM]</b> Memo Entry
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. GOOGLE*SVCS226554842</b>		Date of Disbursement MM / DD / YYYY 04 / 17 / 2013
Mailing Address 1600 AMPHITHEATRE PKWY		<b>Transaction ID : SB21B-205923-320000</b>
City Mountain View	State CA	
Purpose of Disbursement Online Advertising		Amount of Each Disbursement this Period 547.50
Candidate Name		<b>[MEMO ITEM]</b> Memo Entry
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		Date of Disbursement MM / DD / YYYY 04 / 17 / 2013
Mailing Address Po Box 360001		<b>Transaction ID : SB21B-205924</b>
City Ft. Lauderdale	State FL	
Purpose of Disbursement Publication & Dues		Amount of Each Disbursement this Period 4477.44
Candidate Name		See Attached Memo Entry
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4477.44

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. LEXIS NEXIS**

Mailing Address 9393 SPRINGBORO PIKE

City State Zip Code  
Miamisburg OH 45342-4424

Purpose of Disbursement  
Publication & Dues

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2013

**Transaction ID : SB21B-205924-10000**

Amount of Each Disbursement this Period

4477.44

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address Po Box 360001

City State Zip Code  
Ft. Lauderdale FL 33336-0001

Purpose of Disbursement  
Local Transportation

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2013

**Transaction ID : SB21B-205925**

Amount of Each Disbursement this Period

1674.45

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

**C. WMATA TREASURER SB**

Mailing Address 600 5TH ST NW

City State Zip Code  
WASHINGTON DC 20001-2610

Purpose of Disbursement  
Local Transportation

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2013

**Transaction ID : SB21B-205925-10000**

Amount of Each Disbursement this Period

311.50

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1674.45

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. WMATA TREASURER SB**

Mailing Address 600 5TH ST NW

City WASHINGTON State DC Zip Code 20001-2610

Purpose of Disbursement  
Local Transportation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2013

Transaction ID : SB21B-205925-20000

Amount of Each Disbursement this Period

180.00

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. WMATA TREASURER SB**

Mailing Address 600 5TH ST NW

City WASHINGTON State DC Zip Code 20001-2610

Purpose of Disbursement  
Local Transportation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2013

Transaction ID : SB21B-205925-30000

Amount of Each Disbursement this Period

245.00

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. WMATA TREASURER SB**

Mailing Address 600 5TH ST NW

City WASHINGTON State DC Zip Code 20001-2610

Purpose of Disbursement  
Local Transportation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2013

Transaction ID : SB21B-205925-40000

Amount of Each Disbursement this Period

400.00

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. WMATA TREASURER SB**

Mailing Address 600 5TH ST NW

City WASHINGTON State DC Zip Code 20001-2610

Purpose of Disbursement  
Local Transportation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2013

Transaction ID : SB21B-205925-50000

Amount of Each Disbursement this Period

80.00

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. WMATA TREASURER SB**

Mailing Address 600 5TH ST NW

City WASHINGTON State DC Zip Code 20001-2610

Purpose of Disbursement  
Local Transportation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2013

Transaction ID : SB21B-205925-60000

Amount of Each Disbursement this Period

85.00

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. WMATA TREASURER SB**

Mailing Address 600 5TH ST NW

City WASHINGTON State DC Zip Code 20001-2610

Purpose of Disbursement  
Local Transportation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2013

Transaction ID : SB21B-205925-70000

Amount of Each Disbursement this Period

55.00

[MEMO ITEM]  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

0.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. WMATA TREASURER SB**

Mailing Address 600 5TH ST NW

City WASHINGTON State DC Zip Code 20001-2610

Purpose of Disbursement  
Local Transportation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2013

Transaction ID : SB21B-205925-80000

Amount of Each Disbursement this Period

207.95

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. WMATA TREASURER SB**

Mailing Address 600 5TH ST NW

City WASHINGTON State DC Zip Code 20001-2610

Purpose of Disbursement  
Local Transportation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2013

Transaction ID : SB21B-205925-90000

Amount of Each Disbursement this Period

100.00

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. WMATA TREASURER SB**

Mailing Address 600 5TH ST NW

City WASHINGTON State DC Zip Code 20001-2610

Purpose of Disbursement  
Local Transportation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2013

Transaction ID : SB21B-205925-100000

Amount of Each Disbursement this Period

10.00

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

0.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address Po Box 360001

City Ft. Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement Telephone

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2013

**Transaction ID : SB21B-205926**

Amount of Each Disbursement this Period

5464.84

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

**B. VZWRLLS APOCC VISB**

Mailing Address TWO VERIZON PLACE

City ALPHARETTA State GA Zip Code 30004

Purpose of Disbursement Telephone

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2013

**Transaction ID : SB21B-205926-10000**

Amount of Each Disbursement this Period

3536.47

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. ATT BUS PHONE PMT**

Mailing Address 208 S AKARD ST

City DALLAS State TX Zip Code 75202-4209

Purpose of Disbursement Telephone

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2013

**Transaction ID : SB21B-205926-20000**

Amount of Each Disbursement this Period

131.01

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5464.84

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T*287022173021NBI</b>		Date of Disbursement MM / DD / YYYY 04 / 17 / 2013
Mailing Address 12525 CINGULAR WAY		<b>Transaction ID : SB21B-205926-30000</b>
City ALPHARETTA State GA Zip Code 30004-8502	Purpose of Disbursement Telephone Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> Memo Entry

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Date of Disbursement MM / DD / YYYY 04 / 17 / 2013
Mailing Address Po Box 360001		<b>Transaction ID : SB21B-205927</b>
City Ft. Lauderdale State FL Zip Code 33336-0001	Purpose of Disbursement Travel/Accommodation /Meals Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	See Attached Memo Entry

Full Name (Last, First, Middle Initial) <b>C. MACKEY'S 54292980308</b>		Date of Disbursement MM / DD / YYYY 04 / 17 / 2013
Mailing Address 1823 L ST NW		<b>Transaction ID : SB21B-205927-10000</b>
City WASHINGTON State DC Zip Code 20036-3832	Purpose of Disbursement Travel/Accommodation /Meals Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> Memo Entry

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	3026.82
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. FRONTIER AIRLINES, I**

Mailing Address 7001 TOWER RD

City State Zip Code  
FAREFAMILIES OK 80249-7312

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 17 / 2013

Transaction ID : SB21B-205927-20000

Amount of Each Disbursement this Period

634.00

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. GRILL CONCEPTS - W 5**

Mailing Address 1200 18TH ST NW

City State Zip Code  
WASHINGTON DC DC 20036-2535

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 17 / 2013

Transaction ID : SB21B-205927-30000

Amount of Each Disbursement this Period

108.26

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. PLN\*PRICELINE.COM RN**

Mailing Address 800 CONNECTICUT AVE

City State Zip Code  
Norwalk CT 06854-1625

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 17 / 2013

Transaction ID : SB21B-205927-40000

Amount of Each Disbursement this Period

186.24

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. SOUTHWEST AIRLINES (**

Mailing Address PO BOX 36611

City DALLAS State TX Zip Code 75235

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	1	3

Transaction ID : SB21B-205927-50000

Amount of Each Disbursement this Period

5	4	4	9	0	0
---	---	---	---	---	---

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. FRONTIER AIRLINES, I**

Mailing Address 7001 TOWER RD

City FAREFAMILIES State OK Zip Code 80249-7312

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	1	3

Transaction ID : SB21B-205927-60000

Amount of Each Disbursement this Period

2	9	2	0	0
---	---	---	---	---

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. MAI THAI 6500000410**

Mailing Address 1200 19TH ST NW

City WASHINGTON State DC Zip Code 20036-2412

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	1	3

Transaction ID : SB21B-205927-70000

Amount of Each Disbursement this Period

4	1	5	4
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[MEMO ITEM]  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0
---	---	---

0	0	0
---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. PLN\*PRICELINE.COM HT**

Mailing Address 800 CONNECTICUT AVE

City Norwalk State CT Zip Code 06854-1625

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2013

**Transaction ID : SB21B-205927-80000**

Amount of Each Disbursement this Period

211.15

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. UNITED AIRLINES**

Mailing Address 600 JEFFERSON ST

City HOUSTON State TX Zip Code 77002-7393

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2013

**Transaction ID : SB21B-205927-90000**

Amount of Each Disbursement this Period

741.60

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. PLN\*PRICELINE.COM HT**

Mailing Address 800 CONNECTICUT AVE

City Norwalk State CT Zip Code 06854-1625

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2013

**Transaction ID : SB21B-205927-100000**

Amount of Each Disbursement this Period

135.00

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

0.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. NOOSHI 0056**

Mailing Address 1120 19TH ST NW

City WASHINGTON State DC Zip Code 20036-3686

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2013

**Transaction ID : SB21B-205927-110000**

Amount of Each Disbursement this Period

66.32
-------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2013

**Transaction ID : SB21B-205930**

Amount of Each Disbursement this Period

249.80
--------

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

**C. UNITED AIRLINES**

Mailing Address 600 JEFFERSON ST

City HOUSTON State TX Zip Code 77002-7393

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2013

**Transaction ID : SB21B-205930-10000**

Amount of Each Disbursement this Period

249.80
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**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

249.80
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. 4C Partners, LLC**

Mailing Address 501 3rd Street NW  
Ste 200

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2013

Transaction ID : **SB21B-205944**

Amount of Each Disbursement this Period

4500.00

Full Name (Last, First, Middle Initial)

**B. 4C Partners, LLC**

Mailing Address 501 3rd Street NW  
Ste 200

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2013

Transaction ID : **SB21B-205945**

Amount of Each Disbursement this Period

78.62

Full Name (Last, First, Middle Initial)

**C. Avalanche Services**

Mailing Address 113 McGarry Blvd

City Kearneysville State WV Zip Code 25430

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2013

Transaction ID : **SB21B-205946**

Amount of Each Disbursement this Period

801.90

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5380.52

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jack I. Bender & Sons**

Mailing Address 1120 Connecticut Ave, NW  
Suite 1200

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Building Utilities & Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2013

Transaction ID : SB21B-205947

Amount of Each Disbursement this Period

236.40

Full Name (Last, First, Middle Initial)

**B. Care First Blue Cross Blue Sheild**

Mailing Address PO Box 79749

City Baltimore State MD Zip Code 21279

Purpose of Disbursement  
Insurance General

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2013

Transaction ID : SB21B-205948

Amount of Each Disbursement this Period

30455.00

Full Name (Last, First, Middle Initial)

**C. Creative Print Group Inc**

Mailing Address 1560 Caton Center Drive

City Baltimore State MD Zip Code 21227

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2013

Transaction ID : SB21B-205950

Amount of Each Disbursement this Period

5043.90

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

35735.30

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Creative Print Group Inc**

Mailing Address 1560 Caton Center Drive

City Baltimore State MD Zip Code 21227

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2013

**Transaction ID : SB21B-205951**

Amount of Each Disbursement this Period

1987.89

Full Name (Last, First, Middle Initial)

**B. DCM**

Mailing Address 330 West 38th Street  
Suite 207

City New York State NY Zip Code 10018

Purpose of Disbursement  
Phone Banks

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2013

**Transaction ID : SB21B-205952**

Amount of Each Disbursement this Period

4470.30

Full Name (Last, First, Middle Initial)

**C. Deer ParkSpring Water Processing Center**

Mailing Address P.O. Box 856192

City Louisville State KY Zip Code 40285

Purpose of Disbursement  
Office Supplies Expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2013

**Transaction ID : SB21B-205953**

Amount of Each Disbursement this Period

272.19

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

6730.38

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Engage, LLC**

Mailing Address 550 Highland St  
Suite 403

City Frederick State MD Zip Code 21701

Purpose of Disbursement  
Contribution Processing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2013

**Transaction ID : SB21B-205957**

Amount of Each Disbursement this Period

4336.99

Full Name (Last, First, Middle Initial)

**B. Engage, LLC**

Mailing Address 550 Highland St  
Suite 403

City Frederick State MD Zip Code 21701

Purpose of Disbursement  
Contribution Processing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2013

**Transaction ID : SB21B-205958**

Amount of Each Disbursement this Period

1221.46

Full Name (Last, First, Middle Initial)

**C. GSI - Gordon & Schwenkmeyer**

Mailing Address 300 N Sepulveda Blvd  
#2050

City El Segundo State CA Zip Code 90245

Purpose of Disbursement  
Phone Banks

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2013

**Transaction ID : SB21B-205959**

Amount of Each Disbursement this Period

2975.81

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

8534.26

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. GSI - Gordon & Schwenkmeyer**

Mailing Address 300 N Sepulveda Blvd  
#2050

City El Segundo State CA Zip Code 90245

Purpose of Disbursement  
Phone Banks

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 18 / 2013

Transaction ID : SB21B-205960

Amount of Each Disbursement this Period

4131.07

Full Name (Last, First, Middle Initial)

**B. GSI - Gordon & Schwenkmeyer**

Mailing Address 300 N Sepulveda Blvd  
#2050

City El Segundo State CA Zip Code 90245

Purpose of Disbursement  
Phone Banks

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 18 / 2013

Transaction ID : SB21B-205961

Amount of Each Disbursement this Period

5394.60

Full Name (Last, First, Middle Initial)

**C. GSI - Gordon & Schwenkmeyer**

Mailing Address 300 N Sepulveda Blvd  
#2050

City El Segundo State CA Zip Code 90245

Purpose of Disbursement  
Phone Banks

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 18 / 2013

Transaction ID : SB21B-205962

Amount of Each Disbursement this Period

4732.10

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

14257.77



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. GSI - Gordon &amp; Schwenkmeyer</b>		Date of Disbursement MM / DD / YYYY 04 / 18 / 2013
Mailing Address 300 N Sepulveda Blvd #2050		<b>Transaction ID : SB21B-205963</b>
City El Segundo	State CA	
Purpose of Disbursement Phone Banks	Candidate Name	Amount of Each Disbursement this Period 4681.43
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. PDR Resources</b>		Date of Disbursement MM / DD / YYYY 04 / 18 / 2013
Mailing Address 1972 Massachusetts Avenue		<b>Transaction ID : SB21B-205964</b>
City Cambridge	State MA	
Purpose of Disbursement Phone Banks	Candidate Name	Amount of Each Disbursement this Period 7017.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. PDR Resources</b>		Date of Disbursement MM / DD / YYYY 04 / 18 / 2013
Mailing Address 1972 Massachusetts Avenue		<b>Transaction ID : SB21B-205965</b>
City Cambridge	State MA	
Purpose of Disbursement Phone Banks	Candidate Name	Amount of Each Disbursement this Period 26519.05
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	38218.08
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. JIB Monitoring Center**

Mailing Address 1120 Connecticut Avenue, NW  
Suite 1200

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Building Utilities & Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-205966**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. JIB Monitoring Center**

Mailing Address 1120 Connecticut Avenue, NW  
Suite 1200

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Building Utilities & Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-205967**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Sooraj Mathew**

Mailing Address 800 John Carlyle Street  
#322

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-205968**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Miller's Office Products, Inc.**

Mailing Address PO Box 1537

City Newington State VA Zip Code 22122

Purpose of Disbursement  
Office Supplies Expenses

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2013

**Transaction ID : SB21B-205969**

Amount of Each Disbursement this Period

54.70

Full Name (Last, First, Middle Initial)

**B. Miller's Office Products, Inc.**

Mailing Address PO Box 1537

City Newington State VA Zip Code 22122

Purpose of Disbursement  
Office Supplies Expenses

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2013

**Transaction ID : SB21B-205970**

Amount of Each Disbursement this Period

48.75

Full Name (Last, First, Middle Initial)

**C. Miller's Office Products, Inc.**

Mailing Address PO Box 1537

City Newington State VA Zip Code 22122

Purpose of Disbursement  
Office Supplies Expenses

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2013

**Transaction ID : SB21B-205971**

Amount of Each Disbursement this Period

50.68

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

154.13

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jessica Post**

Mailing Address 355 I Street, SW  
#S620

City Washington State DC Zip Code 20024

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	18	/	2013

**Transaction ID : SB21B-205974**

Amount of Each Disbursement this Period

1018.70
---------

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

**B. Alamo Rent-a-Car, Inc.**

Mailing Address P.O. Box 930738

City Atlanta State GA Zip Code 31193

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	18	/	2013

**Transaction ID : SB21B-205974-10000**

Amount of Each Disbursement this Period

781.93
--------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. Hampton Inn**

Mailing Address 7060 Lake Drive

City West Des Moines State IA Zip Code 50266

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	18	/	2013

**Transaction ID : SB21B-205974-20000**

Amount of Each Disbursement this Period

156.04
--------

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1018.70
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kwik Shop**

Mailing Address 1001 1st Ave SW

City Cedar Rapids State IA Zip Code 52405

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	1	3

**Transaction ID : SB21B-205974-30000**

Amount of Each Disbursement this Period

2	0	.	0	0
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**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. Colony Point**

Mailing Address 333 E Evans

City Williamsburg State IA Zip Code 52361

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	1	3

**Transaction ID : SB21B-205974-40000**

Amount of Each Disbursement this Period

2	3	.	6	7
---	---	---	---	---

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. Thee Irish Pub**

Mailing Address 2500 W G Rogell Dr

City Detroit State MI Zip Code 48242

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	1	3

**Transaction ID : SB21B-205974-50000**

Amount of Each Disbursement this Period

3	1	.	5	6
---	---	---	---	---

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Illinois State Toll**

Mailing Address 2700 Ogden Ave

City Downers Grove State IL Zip Code 60515

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2013

**Transaction ID : SB21B-205974-60000**

Amount of Each Disbursement this Period

5.50

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. Production Solutions, Inc.**

Mailing Address 1953 Gallows Road  
Suite 600

City Vienna State VA Zip Code 22182

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2013

**Transaction ID : SB21B-205975**

Amount of Each Disbursement this Period

1324.03

Full Name (Last, First, Middle Initial)

**C. SD&A Teleservices, Inc.**

Mailing Address 5757 West Century Blvd  
Ste 300

City Los Angeles State CA Zip Code 90045

Purpose of Disbursement  
Phone Banks

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2013

**Transaction ID : SB21B-205976**

Amount of Each Disbursement this Period

1345.96

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2669.99

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. SD&A Teleservices, Inc.**

Mailing Address 5757 West Century Blvd  
Ste 300

City Los Angeles State CA Zip Code 90045

Purpose of Disbursement  
Phone Banks

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2013

Transaction ID : SB21B-205977

Amount of Each Disbursement this Period

45.00

Full Name (Last, First, Middle Initial)

**B. SD&A Teleservices, Inc.**

Mailing Address 5757 West Century Blvd  
Ste 300

City Los Angeles State CA Zip Code 90045

Purpose of Disbursement  
Phone Banks

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2013

Transaction ID : SB21B-205978

Amount of Each Disbursement this Period

422.30

Full Name (Last, First, Middle Initial)

**C. SD&A Teleservices, Inc.**

Mailing Address 5757 West Century Blvd  
Ste 300

City Los Angeles State CA Zip Code 90045

Purpose of Disbursement  
Phone Banks

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2013

Transaction ID : SB21B-205979

Amount of Each Disbursement this Period

422.30

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

889.60

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. SD&A Teleservices, Inc.**

Mailing Address 5757 West Century Blvd  
Ste 300

City Los Angeles State CA Zip Code 90045

Purpose of Disbursement  
Phone Banks

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-205980**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. SD&A Teleservices, Inc.**

Mailing Address 5757 West Century Blvd  
Ste 300

City Los Angeles State CA Zip Code 90045

Purpose of Disbursement  
Phone Banks

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-205981**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Marciann Stech**

Mailing Address 2026 16th Street, NW  
Apt 3

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-205982**

Amount of Each Disbursement this Period

See Attached Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Delta Airlines**

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2013

**Transaction ID : SB21B-205982-10000**

Amount of Each Disbursement this Period

548.90

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. Katelyn Stoner**

Mailing Address 929 7th Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2013

**Transaction ID : SB21B-205983**

Amount of Each Disbursement this Period

53.00

Full Name (Last, First, Middle Initial)

**C. Telefund, Inc. Attn:Nicole Lane**

Mailing Address P.O. Box 2366

City Denver State CO Zip Code 80201-2366

Purpose of Disbursement  
Phone Banks

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2013

**Transaction ID : SB21B-205984**

Amount of Each Disbursement this Period

5287.80

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5340.80

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Telefund, Inc. Attn:Nicole Lane</b>		Date of Disbursement MM / DD / YYYY 04 / 18 / 2013
Mailing Address P.O. Box 2366		<b>Transaction ID : SB21B-205985</b>
City Denver	State CO	
Purpose of Disbursement Phone Banks		Amount of Each Disbursement this Period 2101.70
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Telefund, Inc. Attn:Nicole Lane</b>		Date of Disbursement MM / DD / YYYY 04 / 18 / 2013
Mailing Address P.O. Box 2366		<b>Transaction ID : SB21B-205986</b>
City Denver	State CO	
Purpose of Disbursement Phone Banks		Amount of Each Disbursement this Period 2515.50
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CRMfusion Inc.</b>		Date of Disbursement MM / DD / YYYY 04 / 18 / 2013
Mailing Address 52 Chartwell Cres		<b>Transaction ID : SB21B-205988</b>
City Keswick	State ON	
Purpose of Disbursement Internet Services		Amount of Each Disbursement this Period 912.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: District:		

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5529.20

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address P.O. BOX 842854

City Boston State MA Zip Code 02284

Purpose of Disbursement  
Payroll Service

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21B-206088

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address 14 Arrow Street

City Cambridge State MA Zip Code 02138

Purpose of Disbursement  
Credit Card Service Charges

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21B-206087

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Production Solutions, Inc.**

Mailing Address 1953 Gallows Road  
Suite 600

City Vienna State VA Zip Code 22182

Purpose of Disbursement  
Postage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21B-206013

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Ellen R Malcolm**

Mailing Address 5060 Linnean Avenue, NW

City Washington, State DC Zip Code 20008

Purpose of Disbursement  
Insurance Health/Life

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2013

**Transaction ID : SB21B-206283**

Amount of Each Disbursement this Period

597.85

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address 14 Arrow Street

City Cambridge State MA Zip Code 02138

Purpose of Disbursement  
Credit Card Service Charges

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2013

**Transaction ID : SB21B-206280**

Amount of Each Disbursement this Period

0.16

Full Name (Last, First, Middle Initial)

**C. DC Treasurer DCRA Corporations Division**

Mailing Address P.O. Box 92300

City Washington State DC Zip Code 20090

Purpose of Disbursement  
Business license void check

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2013

**Transaction ID : SB21B-206106**

Amount of Each Disbursement this Period

-324.50

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

273.51

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Alliance Business Systems, Inc.**

Mailing Address 3605 Edgmont Avenue  
Bldg. B, Suite 2

City Brookhaven State PA Zip Code 19015

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 25 / 2013

**Transaction ID : SB21B-206018**

Amount of Each Disbursement this Period

12245.00

Full Name (Last, First, Middle Initial)

**B. Action Mailers Attn: Jesse Thomas**

Mailing Address 90 Commerce Drive

City Aston State PA Zip Code 19014

Purpose of Disbursement  
Data Management

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 25 / 2013

**Transaction ID : SB21B-206019**

Amount of Each Disbursement this Period

2587.78

Full Name (Last, First, Middle Initial)

**C. Action Mailers Attn: Jesse Thomas**

Mailing Address 90 Commerce Drive

City Aston State PA Zip Code 19014

Purpose of Disbursement  
Deliveries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 25 / 2013

**Transaction ID : SB21B-206020**

Amount of Each Disbursement this Period

11.34

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

14844.12

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Action Mailers Attn: Jesse Thomas**

Mailing Address 90 Commerce Drive

City Aston State PA Zip Code 19014

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 25 / 2013

**Transaction ID : SB21B-206021**

Amount of Each Disbursement this Period

2464.47

Full Name (Last, First, Middle Initial)

**B. Ace Fire Extinguisher Services**

Mailing Address 5117 College Avenue

City College Park State MD Zip Code 20740

Purpose of Disbursement  
Building Utilities & Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 25 / 2013

**Transaction ID : SB21B-206022**

Amount of Each Disbursement this Period

261.88

Full Name (Last, First, Middle Initial)

**C. Allied Printing Resources**

Mailing Address 33 Commerce Road

City Carlstadt State NJ Zip Code 07072

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 25 / 2013

**Transaction ID : SB21B-206023**

Amount of Each Disbursement this Period

1638.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4364.35

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Atomic**

Mailing Address 615 North 3rd Street

City Minneapolis State MN Zip Code 55401

Purpose of Disbursement  
Computer Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 25 / 2013

Transaction ID : SB21B-206025

Amount of Each Disbursement this Period

24.99

Full Name (Last, First, Middle Initial)

**B. AVF Consulting Inc.**

Mailing Address 1220 Joppa Road  
Building C, Suite 514

City Baltimore State MD Zip Code 21286

Purpose of Disbursement  
Computer Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 25 / 2013

Transaction ID : SB21B-206026

Amount of Each Disbursement this Period

5454.34

Full Name (Last, First, Middle Initial)

**C. Avalanche Services**

Mailing Address 113 McGarry Blvd

City Kearneysville State WV Zip Code 25430

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 25 / 2013

Transaction ID : SB21B-206027

Amount of Each Disbursement this Period

587.13

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

6066.46

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Avalanche Services**

Mailing Address 113 McGarry Blvd

City State Zip Code  
Kearneysville WV 25430

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
04 / 25 / 2013

**Transaction ID : SB21B-206028**

Amount of Each Disbursement this Period

4995.90

Full Name (Last, First, Middle Initial)

**B. Avalanche Services**

Mailing Address 113 McGarry Blvd

City State Zip Code  
Kearneysville WV 25430

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
04 / 25 / 2013

**Transaction ID : SB21B-206029**

Amount of Each Disbursement this Period

1375.63

Full Name (Last, First, Middle Initial)

**C. Bully Pulpit Interactive, LLC**

Mailing Address 1140 Connecticut Ave NW  
Suite 800

City State Zip Code  
Washington DC 20036

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
04 / 25 / 2013

**Transaction ID : SB21B-206030**

Amount of Each Disbursement this Period

3500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

9871.53



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Bully Pulpit Interactive, LLC</b>		Date of Disbursement MM / DD / YYYY 04 / 25 / 2013
Mailing Address 1140 Connecticut Ave NW Suite 800		<b>Transaction ID : SB21B-206031</b>
City Washington	State DC	
Zip Code 20036	Purpose of Disbursement Online Advertising	Amount of Each Disbursement this Period 65280.25
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Bully Pulpit Interactive, LLC</b>		Date of Disbursement MM / DD / YYYY 04 / 25 / 2013
Mailing Address 1140 Connecticut Ave NW Suite 800		<b>Transaction ID : SB21B-206032</b>
City Washington	State DC	
Zip Code 20036	Purpose of Disbursement Online Advertising	Amount of Each Disbursement this Period 14555.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Bulletproof</b>		Date of Disbursement MM / DD / YYYY 04 / 25 / 2013
Mailing Address 1840 41st Ave, #102-333		<b>Transaction ID : SB21B-206035</b>
City Capitola	State CA	
Zip Code 95010	Purpose of Disbursement Copy Writer	Amount of Each Disbursement this Period 56.25
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

65280.25
14555.00
56.25

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

### A. Emily Campbell

Mailing Address 554 Halloran Springs Road

City Las Vegas State NV Zip Code 89148

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2013

Transaction ID : SB21B-206036

Amount of Each Disbursement this Period

65.73

Full Name (Last, First, Middle Initial)

### B. Chapman Cubine Adams Hussey

Mailing Address 1600 Wilson Boulevard  
Ste 300

City Arlington State VA Zip Code 22209

Purpose of Disbursement  
List Rental

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2013

Transaction ID : SB21B-206038

Amount of Each Disbursement this Period

1302.04

Full Name (Last, First, Middle Initial)

### C. Chapman Cubine Adams Hussey

Mailing Address 1600 Wilson Boulevard  
Ste 300

City Arlington State VA Zip Code 22209

Purpose of Disbursement  
Copy Writer

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2013

Transaction ID : SB21B-206039

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3367.77

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Chapman Cubine Adams Hussey**

Mailing Address 1600 Wilson Boulevard  
Ste 300

City Arlington State VA Zip Code 22209

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		25		2013

**Transaction ID : SB21B-206040**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. Colonial Parking, Inc.**

Mailing Address 1050 Thomas Jefferson St., NW  
#100

City Washington State DC Zip Code 20007

Purpose of Disbursement  
Parking Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		25		2013

**Transaction ID : SB21B-206042**

Amount of Each Disbursement this Period

270.00
--------

Full Name (Last, First, Middle Initial)

**C. Colonial Parking, Inc.**

Mailing Address 1050 Thomas Jefferson St., NW  
#100

City Washington State DC Zip Code 20007

Purpose of Disbursement  
Parking Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		25		2013

**Transaction ID : SB21B-206043**

Amount of Each Disbursement this Period

553.50
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2823.50
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Convio, Inc.**

Mailing Address 11501 Domain Drive  
Suite 200

City Austin State TX Zip Code 78758

Purpose of Disbursement  
Computer Programming

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 25 / 2013

Transaction ID : **SB21B-206044**

Amount of Each Disbursement this Period  
22505.00

Full Name (Last, First, Middle Initial)

**B. DCM**

Mailing Address 330 West 38th Street  
Suite 207

City New York State NY Zip Code 10018

Purpose of Disbursement  
Phone Banks

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 25 / 2013

Transaction ID : **SB21B-206045**

Amount of Each Disbursement this Period  
3044.70

Full Name (Last, First, Middle Initial)

**C. Garrick Delzell**

Mailing Address 1120 Connecticut Ave NW  
Ste 1100

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 25 / 2013

Transaction ID : **SB21B-206046**

Amount of Each Disbursement this Period  
59.28

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 25608.98

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Federal Express**

Mailing Address P. O. Box 371461

City State Zip Code  
Pittsburg PA 15250-7461

Purpose of Disbursement  
Deliveries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2013

**Transaction ID : SB21B-206047**

Amount of Each Disbursement this Period

22.30
-------

Full Name (Last, First, Middle Initial)

**B. GrayHair Software**

Mailing Address 124 Gaither Drive  
Suite 160

City State Zip Code  
Mount Laurel NJ 08054

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2013

**Transaction ID : SB21B-206048**

Amount of Each Disbursement this Period

85.00
-------

Full Name (Last, First, Middle Initial)

**C. GSI - Gordon & Schwenkmeyer**

Mailing Address 300 N Sepulveda Blvd  
#2050

City State Zip Code  
El Segundo CA 90245

Purpose of Disbursement  
Phone Banks

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2013

**Transaction ID : SB21B-206049**

Amount of Each Disbursement this Period

4149.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4256.30
---------

**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. PDR Resources**

Mailing Address 1972 Massachusetts Avenue

City Cambridge State MA Zip Code 02140

Purpose of Disbursement  
Phone Banks

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2013

**Transaction ID : SB21B-206050**

Amount of Each Disbursement this Period

11574.95

Full Name (Last, First, Middle Initial)

**B. Iron Mountain**

Mailing Address P O Box 27128

City New York State NY Zip Code 10087

Purpose of Disbursement  
Rent

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2013

**Transaction ID : SB21B-206051**

Amount of Each Disbursement this Period

1138.43

Full Name (Last, First, Middle Initial)

**C. Ray Keating**

Mailing Address 816 Lucky Rd

City Severn State MD Zip Code 21144

Purpose of Disbursement  
Internet Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2013

**Transaction ID : SB21B-206053**

Amount of Each Disbursement this Period

39.99

See Attached Memo Entry

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

12753.37

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Verizon Wireless**

Mailing Address PO Box 25505

City Lehigh Valley State PA Zip Code 18002-5505

Purpose of Disbursement  
Internet Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2013

**Transaction ID : SB21B-206053-10000**

Amount of Each Disbursement this Period

39.99
-------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. KRW International, Inc.**

Mailing Address 706 2nd Ave South  
500 Baker Building

City Minneapolis State MN Zip Code 55402

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2013

**Transaction ID : SB21B-206054**

Amount of Each Disbursement this Period

12375.00
----------

Full Name (Last, First, Middle Initial)

**C. MMI Direct**

Mailing Address 7160 Columbia Gateway Drive  
Suite 300

City Columbia State MD Zip Code 21046

Purpose of Disbursement  
List Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2013

**Transaction ID : SB21B-206055**

Amount of Each Disbursement this Period

77.08
-------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

12452.08
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**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. MMI Direct**

Mailing Address 7160 Columbia Gateway Drive  
Suite 300

City Columbia State MD Zip Code 21046

Purpose of Disbursement  
List Rental

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		25		2013

**Transaction ID : SB21B-206056**

Amount of Each Disbursement this Period

1086.75
---------

Full Name (Last, First, Middle Initial)

**B. Miller's Office Products, Inc.**

Mailing Address PO Box 1537

City Newington State VA Zip Code 22122

Purpose of Disbursement  
Office Supplies Expenses

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		25		2013

**Transaction ID : SB21B-206057**

Amount of Each Disbursement this Period

164.18
--------

Full Name (Last, First, Middle Initial)

**C. Miller's Office Products, Inc.**

Mailing Address PO Box 1537

City Newington State VA Zip Code 22122

Purpose of Disbursement  
Office Supplies Expenses

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		25		2013

**Transaction ID : SB21B-206058**

Amount of Each Disbursement this Period

63.60
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1314.53
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Miller's Office Products, Inc.**

Mailing Address PO Box 1537

City Newington State VA Zip Code 22122

Purpose of Disbursement  
Office Supplies Expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2013

Transaction ID : SB21B-206059

Amount of Each Disbursement this Period

48.75

Full Name (Last, First, Middle Initial)

**B. Miller's Office Products, Inc.**

Mailing Address PO Box 1537

City Newington State VA Zip Code 22122

Purpose of Disbursement  
Office Supplies Expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2013

Transaction ID : SB21B-206060

Amount of Each Disbursement this Period

736.45

Full Name (Last, First, Middle Initial)

**C. Pacific East**

Mailing Address PO Box 439

City Sumas State WA Zip Code 98295-0439

Purpose of Disbursement  
Data Management

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2013

Transaction ID : SB21B-206061

Amount of Each Disbursement this Period

25.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

810.20

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Pacific East**

Mailing Address PO Box 439

City Sumas State WA Zip Code 98295-0439

Purpose of Disbursement  
Data Management

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2013

Transaction ID : **SB21B-206062**

Amount of Each Disbursement this Period

160.58

Full Name (Last, First, Middle Initial)

**B. Perkins Coie Attn: Client Accounting**

Mailing Address 1201 Third Avenue, 49th Floor

City Seattle State WA Zip Code 98101

Purpose of Disbursement  
Legal Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2013

Transaction ID : **SB21B-206063**

Amount of Each Disbursement this Period

18489.51

Full Name (Last, First, Middle Initial)

**C. Pitney Bowes Global Financial Services LLC**

Mailing Address PO Box 371887

City Pittsburgh State PA Zip Code 15250

Purpose of Disbursement  
Equipment Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2013

Transaction ID : **SB21B-206064**

Amount of Each Disbursement this Period

1211.58

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

19861.67

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Production Solutions, Inc.**

Mailing Address 1953 Gallows Road  
Suite 600

City Vienna State VA Zip Code 22182

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2013

**Transaction ID : SB21B-206066**

Amount of Each Disbursement this Period

1450.00

Full Name (Last, First, Middle Initial)

**B. Prudential**

Mailing Address PO Box 945999

City Atlanta State GA Zip Code 30394-5999

Purpose of Disbursement  
Insurance Health/Life

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2013

**Transaction ID : SB21B-206067**

Amount of Each Disbursement this Period

2508.90

Full Name (Last, First, Middle Initial)

**C. Purchase Power**

Mailing Address PO Box 371874

City Pittsburgh State PA Zip Code 15250

Purpose of Disbursement  
Postage

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2013

**Transaction ID : SB21B-206068**

Amount of Each Disbursement this Period

800.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4758.90

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. GE Capital C/O RICOH USA PROGRAM**

Mailing Address PO Box 41564

City Philadelphia State PA Zip Code 19101

Purpose of Disbursement  
Equipment Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2013

**Transaction ID : SB21B-206069**

Amount of Each Disbursement this Period

2735.53

**B. Brittany Ross**

Mailing Address 4875 NW Gustafson Rd

City Silverdale State WA Zip Code 98383

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2013

**Transaction ID : SB21B-206070**

Amount of Each Disbursement this Period

87.88

**C. Stephanie Schriock**

Mailing Address 3225 Valley Drive

City Alexandria State VA Zip Code 22302

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2013

**Transaction ID : SB21B-206071**

Amount of Each Disbursement this Period

135.16

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2958.57

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. SD&A Teleservices, Inc.**

Mailing Address 5757 West Century Blvd  
Ste 300

City Los Angeles State CA Zip Code 90045

Purpose of Disbursement  
Phone Banks

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 25 / 2013

**Transaction ID : SB21B-206072**

Amount of Each Disbursement this Period

147.60

Full Name (Last, First, Middle Initial)

**B. Telefund, Inc. Attn:Nicole Lane**

Mailing Address P.O. Box 2366

City Denver State CO Zip Code 80201-2366

Purpose of Disbursement  
Phone Banks

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 25 / 2013

**Transaction ID : SB21B-206073**

Amount of Each Disbursement this Period

3334.50

Full Name (Last, First, Middle Initial)

**C. Tri-State Envelope Corporation**

Mailing Address PO Box 433

City Beltsville State MD Zip Code 20704

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 25 / 2013

**Transaction ID : SB21B-206074**

Amount of Each Disbursement this Period

1218.51

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4700.61

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Tri-State Envelope Corporation**

Mailing Address PO Box 433

City State Zip Code  
Beltsville MD 20704

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-206075**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. United Envelope**

Mailing Address 45-11 33rd Street

City State Zip Code  
Long Island City NY 11101

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-206076**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. United Envelope**

Mailing Address 45-11 33rd Street

City State Zip Code  
Long Island City NY 11101

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-206077**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. United Envelope**

Mailing Address 45-11 33rd Street

City State Zip Code  
Long Island City NY 11101

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
04 / 25 / 2013

**Transaction ID : SB21B-206078**

Amount of Each Disbursement this Period

2790.70

Full Name (Last, First, Middle Initial)

**B. United Envelope**

Mailing Address 45-11 33rd Street

City State Zip Code  
Long Island City NY 11101

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
04 / 25 / 2013

**Transaction ID : SB21B-206079**

Amount of Each Disbursement this Period

325.33

Full Name (Last, First, Middle Initial)

**C. U. S. Postal Service**

Mailing Address 1501 Connecticut Ave NW

City State Zip Code  
Washington DC 20036

Purpose of Disbursement  
Postage

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
04 / 25 / 2013

**Transaction ID : SB21B-206080**

Amount of Each Disbursement this Period

7500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

10616.03

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Mary Jane Volk**

Mailing Address 541 E. Nelson Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2013

**Transaction ID : SB21B-206081**

Amount of Each Disbursement this Period

57.07

Full Name (Last, First, Middle Initial)

**B. Credo**

Mailing Address PO Box 7015

City San Francisco State CA Zip Code 94120

Purpose of Disbursement  
Telephone

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2013

**Transaction ID : SB21B-206082**

Amount of Each Disbursement this Period

231.31

Full Name (Last, First, Middle Initial)

**C. Washington Promotions & Printing Inc**

Mailing Address 3402 Connecticut Ave NW  
2nd Floor

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2013

**Transaction ID : SB21B-206083**

Amount of Each Disbursement this Period

907.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1195.38



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Duncan**

Mailing Address 1633 NE Going Street

City Portland State OR Zip Code 97211

Purpose of Disbursement  
Consulting Fundraising

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 25 / 2013

**Transaction ID : SB21B-206284**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. ADP**

Mailing Address P.O. BOX 842854

City Boston State MA Zip Code 02284

Purpose of Disbursement  
Payroll Service

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 26 / 2013

**Transaction ID : SB21B-206282**

Amount of Each Disbursement this Period

320.86

Full Name (Last, First, Middle Initial)

**C. Blackbaud Merchant Services**

Mailing Address 2000 Daniel Island Drive

City Charleston State SC Zip Code 29492

Purpose of Disbursement  
Credit Card Service Charges

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 29 / 2013

**Transaction ID : SB21B-206281**

Amount of Each Disbursement this Period

88.13

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5408.99

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address P.O. BOX 842854

City Boston State MA Zip Code 02284

Purpose of Disbursement  
Taxes - Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2013

**Transaction ID : SB21B-206277**

Amount of Each Disbursement this Period

68387.78
----------

Full Name (Last, First, Middle Initial)

**B. Caroline Fines**

Mailing Address 10621 Regent Park Court

City Fairfax State VA Zip Code 22030

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2013

**Transaction ID : SB21B-206173**

Amount of Each Disbursement this Period

2430.47
---------

Full Name (Last, First, Middle Initial)

**C. Victoria Kempter**

Mailing Address 2950 Van Ness St NW #125

City Washington State DC Zip Code 20008

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2013

**Transaction ID : SB21B-206174**

Amount of Each Disbursement this Period

1190.50
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

72008.75
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Amy Dacey**

Mailing Address 4200 Cathedral Ave., NW  
#718

City Washington State DC Zip Code 20016

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : SB21B-206175**

Amount of Each Disbursement this Period

4986.33

Full Name (Last, First, Middle Initial)

**B. Megan Giles**

Mailing Address 1055 5th Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : SB21B-206176**

Amount of Each Disbursement this Period

1763.33

Full Name (Last, First, Middle Initial)

**C. Lindsay Hicks**

Mailing Address 955 South Columbus Street  
#120

City Arlington State VA Zip Code 22204

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : SB21B-206177**

Amount of Each Disbursement this Period

1117.11

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7866.77

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Ellen R Malcolm**

Mailing Address 5060 Linnean Avenue, NW

City Washington, State DC Zip Code 20008

Purpose of Disbursement Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

Transaction ID : SB21B-206178

Amount of Each Disbursement this Period

991.52

Full Name (Last, First, Middle Initial)

**B. Stephanie Schriock**

Mailing Address 3225 Valley Drive

City Alexandria, State VA Zip Code 22302

Purpose of Disbursement Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

Transaction ID : SB21B-206179

Amount of Each Disbursement this Period

5998.95

Full Name (Last, First, Middle Initial)

**C. Sooraj Mathew**

Mailing Address 800 John Carlyle Street #322

City Alexandria, State VA Zip Code 22314

Purpose of Disbursement Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

Transaction ID : SB21B-206180

Amount of Each Disbursement this Period

2107.04

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

9097.51

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Melanie Smith**

Mailing Address 2100 Connecticut Ave, NW  
Apartment 609

City Washington State DC Zip Code 20008

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : SB21B-206181**

Amount of Each Disbursement this Period

1357.31

Full Name (Last, First, Middle Initial)

**B. Nicole Vance**

Mailing Address 1302 Massachusetts Avenue, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : SB21B-206182**

Amount of Each Disbursement this Period

2148.46

Full Name (Last, First, Middle Initial)

**C. Hilary Wallington**

Mailing Address 722 12th Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : SB21B-206183**

Amount of Each Disbursement this Period

1046.71

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4552.48

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Emily Beardsley**

Mailing Address 1776 Lanier Place NW #5C

City Washington State DC Zip Code 20009

Purpose of Disbursement Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : SB21B-206184**

Amount of Each Disbursement this Period

1413.40

Full Name (Last, First, Middle Initial)

**B. Erica Best**

Mailing Address 221 Seaton Place, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : SB21B-206185**

Amount of Each Disbursement this Period

1239.21

Full Name (Last, First, Middle Initial)

**C. Lizzie Cooper**

Mailing Address 945 Route 35

City Cross River State NY Zip Code 10518

Purpose of Disbursement Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : SB21B-206186**

Amount of Each Disbursement this Period

2954.96

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5607.57

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Louisa Whitney**

Mailing Address 1701 16th Street NW  
Apartment 721

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : SB21B-206187**

Amount of Each Disbursement this Period

2997.66

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Kali Murphy**

Mailing Address 461 N Thomas Street  
Apt 407

City Arlington State VA Zip Code 22203

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : SB21B-206188**

Amount of Each Disbursement this Period

1229.96

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Michelle Ortiz**

Mailing Address 2801 Turk Blvd #306

City San Francisco State CA Zip Code 94118

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : SB21B-206189**

Amount of Each Disbursement this Period

2800.10

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7027.72

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Andrea Pagano Reyes**

Mailing Address 4501 Connecticut Ave, NW #723

City Washington State DC Zip Code 20008

Purpose of Disbursement Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : SB21B-206190**

Amount of Each Disbursement this Period

2568.14

Full Name (Last, First, Middle Initial)

**B. Pat Reyes**

Mailing Address 2601 Glenview Rd

City Glenview State IL Zip Code 60025

Purpose of Disbursement Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : SB21B-206191**

Amount of Each Disbursement this Period

2957.11

Full Name (Last, First, Middle Initial)

**C. Amalia Stott**

Mailing Address 10137 Crestberry Place

City Bethesda State MD Zip Code 20817

Purpose of Disbursement Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : SB21B-206192**

Amount of Each Disbursement this Period

4670.23

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

10195.48



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Marissa Strickfaden**

Mailing Address 1100 First Street, SE  
Apt 511

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2013

**Transaction ID : SB21B-206193**

Amount of Each Disbursement this Period

1472.85
---------

Full Name (Last, First, Middle Initial)

**B. Jennifer Addison**

Mailing Address 1611 Maddux Lane

City McLean State VA Zip Code 22101

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2013

**Transaction ID : SB21B-206194**

Amount of Each Disbursement this Period

1061.57
---------

Full Name (Last, First, Middle Initial)

**C. Alison McQuade**

Mailing Address 320 23rd Street South  
#1526

City Arlington State VA Zip Code 22202

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2013

**Transaction ID : SB21B-206195**

Amount of Each Disbursement this Period

1785.41
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4319.83
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Melissa Ryan**

Mailing Address 1884 Columbia Rd, NW  
#604

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : SB21B-206196**

Amount of Each Disbursement this Period

3344.58

Full Name (Last, First, Middle Initial)

**B. Ryan Sims**

Mailing Address 1717 E. Capitol Street SE  
Apt. 262

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : SB21B-206197**

Amount of Each Disbursement this Period

1522.30

Full Name (Last, First, Middle Initial)

**C. Sean Wagman**

Mailing Address 4107 Connecticut Avenue, NW  
#408

City Washington State DC Zip Code 20008

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : SB21B-206198**

Amount of Each Disbursement this Period

1464.28

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

6331.16

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Priyanka Mantha**

Mailing Address 3314 Mt. Pleasant St NW  
Apt 37

City Washington State DC Zip Code 20010

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : SB21B-206199**

Amount of Each Disbursement this Period

1315.42
---------

Full Name (Last, First, Middle Initial)

**B. Jessica Mcintosh**

Mailing Address 1700 Kalorama Road  
#404

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : SB21B-206200**

Amount of Each Disbursement this Period

2769.72
---------

Full Name (Last, First, Middle Initial)

**C. Marciann Stech**

Mailing Address 2026 16th Street, NW  
Apt 3

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : SB21B-206201**

Amount of Each Disbursement this Period

1969.53
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

6054.67
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jessica Byrd**

Mailing Address 309 M Street, NW  
Apt B

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : SB21B-206202**

Amount of Each Disbursement this Period

1504.37

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Denise Feriozzi**

Mailing Address 2243 12th Street, NW

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : SB21B-206203**

Amount of Each Disbursement this Period

3598.69

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Heather Kashner**

Mailing Address 13 Salmon Run

City Camden State ME Zip Code 04843

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : SB21B-206204**

Amount of Each Disbursement this Period

2850.14

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7953.20

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Katelyn Stoner**

Mailing Address 929 7th Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : SB21B-206205**

Amount of Each Disbursement this Period

1181.76

Full Name (Last, First, Middle Initial)

**B. Daniella Urbina**

Mailing Address 103 G Street, SW  
Apt. 219B

City Washington State DC Zip Code 20024

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : SB21B-206206**

Amount of Each Disbursement this Period

1041.97

Full Name (Last, First, Middle Initial)

**C. Muthoni Wambu**

Mailing Address 1215 Dexter Ave N  
Apt 636

City Seattle State WA Zip Code 98109

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : SB21B-206207**

Amount of Each Disbursement this Period

3081.72

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5305.45

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Catherine Loeffelman**

Mailing Address 1811 Wyoming Ave. NW.  
Apt 1

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : SB21B-206208**

Amount of Each Disbursement this Period

2443.52

Full Name (Last, First, Middle Initial)

**B. Sarah Pierz**

Mailing Address 309 M Street NW Apt B

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : SB21B-206209**

Amount of Each Disbursement this Period

1298.19

Full Name (Last, First, Middle Initial)

**C. Tori Taylor**

Mailing Address 470 Taylor Street, NE  
Apt H-22

City Washington State DC Zip Code 20017

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : SB21B-206210**

Amount of Each Disbursement this Period

1173.51

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4915.22

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Karissa Barnett**

Mailing Address 766 Irving St, NW

City Washington State DC Zip Code 20010

Purpose of Disbursement Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

Transaction ID : SB21B-206211

Amount of Each Disbursement this Period

1104.39

Full Name (Last, First, Middle Initial)

**B. Emily Campbell**

Mailing Address 554 Halloran Springs Road

City Las Vegas State NV Zip Code 89148

Purpose of Disbursement Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

Transaction ID : SB21B-206212

Amount of Each Disbursement this Period

2676.82

Full Name (Last, First, Middle Initial)

**C. Garrick Delzell**

Mailing Address 1120 Connecticut Ave NW Ste 1100

City Washington State DC Zip Code 20036

Purpose of Disbursement Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

Transaction ID : SB21B-206213

Amount of Each Disbursement this Period

2621.31

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

6402.52

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Peggy Egan**

Mailing Address 20518 East Shore, Hwy 35

City Bigfork State MT Zip Code 59911

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2013

**Transaction ID : SB21B-206214**

Amount of Each Disbursement this Period

2514.73
---------

Full Name (Last, First, Middle Initial)

**B. Samuel Nitz**

Mailing Address 1200 N Street, NW  
#608

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2013

**Transaction ID : SB21B-206215**

Amount of Each Disbursement this Period

1960.16
---------

Full Name (Last, First, Middle Initial)

**C. Jonathan Parker**

Mailing Address 1611 Hobart Street NW

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2013

**Transaction ID : SB21B-206216**

Amount of Each Disbursement this Period

4068.04
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

8542.93
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jessica Post**

Mailing Address 355 I Street, SW  
#S620

City Washington State DC Zip Code 20024

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : SB21B-206217**

Amount of Each Disbursement this Period

2673.94
---------

Full Name (Last, First, Middle Initial)

**B. Devin Rankin**

Mailing Address

City State Zip Code

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : SB21B-206218**

Amount of Each Disbursement this Period

2216.32
---------

Full Name (Last, First, Middle Initial)

**C. Mary Jane Volk**

Mailing Address 541 E. Nelson Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : SB21B-206219**

Amount of Each Disbursement this Period

2861.85
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7752.11
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Leigh Warren**

Mailing Address 3109 Patrick Henry Drive  
#623

City Falls Church State VA Zip Code 20444

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : SB21B-206220**

Amount of Each Disbursement this Period

2645.48

Full Name (Last, First, Middle Initial)

**B. Kate Watts**

Mailing Address 1425 4th Street, SW  
Apt. A217

City Washington State DC Zip Code 20024

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : SB21B-206285**

Amount of Each Disbursement this Period

977.75

Full Name (Last, First, Middle Initial)

**C. Yvonne Williams**

Mailing Address 5412 Bradford Ct. #231

City Alexandria State VA Zip Code 22311

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : SB21B-206222**

Amount of Each Disbursement this Period

1774.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5397.23

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. SaBrina Brown**

Mailing Address 3730 5th St.

City North Beach State MD Zip Code 20714

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : SB21B-206223**

Amount of Each Disbursement this Period

3339.34

Full Name (Last, First, Middle Initial)

**B. Lesbia Cajchun**

Mailing Address 2902 Kings Chapel Rd, #7

City Falls Church State VA Zip Code 22042

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : SB21B-206224**

Amount of Each Disbursement this Period

2062.78

Full Name (Last, First, Middle Initial)

**C. Ray Keating**

Mailing Address 816 Lucky Rd

City Severn State MD Zip Code 21144

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : SB21B-206225**

Amount of Each Disbursement this Period

2279.55

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7681.67

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jack I. Bender & Sons**

Mailing Address 1120 Connecticut Ave, NW  
Suite 1200

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Rent

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-206118**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Jack I. Bender & Sons**

Mailing Address 1120 Connecticut Ave, NW  
Suite 1200

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Rent

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-206119**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

### A. Women Vote

Mailing Address 1120 Connecticut Avenue NW  
Ste 1100

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Transfer to Affiliate

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	10	/	2013

Transaction ID : SB22-206863

Amount of Each Disbursement this Period

300000.00
-----------

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

300000.00
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300000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Hagan Senate Committee</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2013
Mailing Address Maureen Jarrell PO Box 308		<b>Transaction ID : SB23-205703</b>
City Yanceyville	State NO	
Zip Code 27379	Purpose of Disbursement Candidate Contrib Earmarked	Amount of Each Disbursement this Period 100.00
Candidate Name <b>Hagan Senate Committee</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hagan Senate Committee</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2013
Mailing Address Angelina Baxter 3311 Graybar Mine Rd.		<b>Transaction ID : SB23-205704</b>
City Garden Valley	State CA	
Zip Code 95633	Purpose of Disbursement Candidate Contrib Earmarked	Amount of Each Disbursement this Period 5.00
Candidate Name <b>Hagan Senate Committee</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Hagan Senate Committee</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2013
Mailing Address Christell Stephenson 3208 Five Oaks Place		<b>Transaction ID : SB23-205705</b>
City Louisville	State KE	
Zip Code 40207	Purpose of Disbursement Candidate Contrib Earmarked	Amount of Each Disbursement this Period 10.00
Candidate Name <b>Hagan Senate Committee</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

115.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Hagan Senate Committee</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2013	
Mailing Address Marion Rendon 40 Schenck Ave Apt 2c		<b>Transaction ID : SB23-205706</b>  Amount of Each Disbursement this Period 25.00	
City Great Neck	State NE		Zip Code 11021
Purpose of Disbursement Candidate Contrib Earmarked			Category/ Type
Candidate Name <b>Hagan Senate Committee</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Hagan Senate Committee</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2013	
Mailing Address Sameer Hassan 935 Vauxhall Street Ext		<b>Transaction ID : SB23-205707</b>  Amount of Each Disbursement this Period 20.00	
City Quaker Hill	State CO		Zip Code 06375
Purpose of Disbursement Candidate Contrib Earmarked			Category/ Type
Candidate Name <b>Hagan Senate Committee</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Hagan Senate Committee</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2013	
Mailing Address Lillian Fischer 3401 Fort Independence St		<b>Transaction ID : SB23-205708</b>  Amount of Each Disbursement this Period 40.00	
City Bronx	State NE		Zip Code 10463
Purpose of Disbursement Candidate Contrib Earmarked			Category/ Type
Candidate Name <b>Hagan Senate Committee</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

85.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Hagan Senate Committee**

Mailing Address John Macneil  
1308 Osprey Nest Lane

City Port Orange State FL Zip Code 32128

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name  
**Hagan Senate Committee**

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 04 / 2013

**Transaction ID : SB23-205709**

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Hagan Senate Committee**

Mailing Address Mary Civerolo  
2391 Kamm Ave.

City Kingsburg State CA Zip Code 93631

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name  
**Hagan Senate Committee**

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 04 / 2013

**Transaction ID : SB23-205710**

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Hagan Senate Committee**

Mailing Address Janice Moritz  
644 Plantation Dr

City Titusville State FL Zip Code 32780

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name  
**Hagan Senate Committee**

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 04 / 2013

**Transaction ID : SB23-205711**

Amount of Each Disbursement this Period

100.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

150.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Hagan Senate Committee</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2013
Mailing Address Deborah McDaris 932 N Main Ave		<b>Transaction ID : SB23-205712</b>
City Republic	State MI Zip Code 65738	
Purpose of Disbursement Candidate Contrib Earmarked	Category/Type	Amount of Each Disbursement this Period 25.00
Candidate Name <b>Hagan Senate Committee</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hagan Senate Committee</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2013
Mailing Address Anne Randolph 460 Buck Avenue		<b>Transaction ID : SB23-205713</b>
City Vacaville	State CA Zip Code 95688	
Purpose of Disbursement Candidate Contrib Earmarked	Category/Type	Amount of Each Disbursement this Period 15.00
Candidate Name <b>Hagan Senate Committee</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Hagan Senate Committee</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2013
Mailing Address Suzanne Schulze 1072 S. Lamkin Road		<b>Transaction ID : SB23-205714</b>
City Harbor Springs	State MI Zip Code 49740	
Purpose of Disbursement Candidate Contrib Earmarked	Category/Type	Amount of Each Disbursement this Period 50.00
Candidate Name <b>Hagan Senate Committee</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Hagan Senate Committee**

Mailing Address **Carolyn Clark**  
12 Royal Way

City **Dallas** State **TE** Zip Code **75229**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name  
**Hagan Senate Committee**

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB23-205715**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Hagan Senate Committee**

Mailing Address **Jan Aust**  
5436 SE 45th Ave.

City **Portland** State **OR** Zip Code **97206**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name  
**Hagan Senate Committee**

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB23-205716**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Hagan Senate Committee**

Mailing Address **Patricia Donovan**  
3109 Mountview Rd.

City **Columbus** State **OH** Zip Code **43221**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name  
**Hagan Senate Committee**

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB23-205717**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Hagan Senate Committee</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2013
Mailing Address Cheryl Washington 6258 Cottle RD		<b>Transaction ID : SB23-205718</b>
City San Jose	State CA	
Zip Code 95123	Purpose of Disbursement Candidate Contrib Earmarked	Amount of Each Disbursement this Period 20.00
Candidate Name <b>Hagan Senate Committee</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hagan Senate Committee</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2013
Mailing Address Rose Bernosky 38319 Eucalyptus DR		<b>Transaction ID : SB23-205719</b>
City Zephyrhills	State FL	
Zip Code 33542	Purpose of Disbursement Candidate Contrib Earmarked	Amount of Each Disbursement this Period 15.00
Candidate Name <b>Hagan Senate Committee</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Hagan Senate Committee</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2013
Mailing Address Ann Clarkson 5203 SE 38th Ave		<b>Transaction ID : SB23-205720</b>
City Portland	State OR	
Zip Code 97202	Purpose of Disbursement Candidate Contrib Earmarked	Amount of Each Disbursement this Period 50.00
Candidate Name <b>Hagan Senate Committee</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	85.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Hagan Senate Committee</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2013
Mailing Address Lorraine McCarthy 693 W 9th St		<b>Transaction ID : SB23-205721</b>
City Claremont	State CA	
Purpose of Disbursement Candidate Contrib Earmarked		Amount of Each Disbursement this Period 50.00
Candidate Name <b>Hagan Senate Committee</b>		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hagan Senate Committee</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2013
Mailing Address Marilyn Gross 5995 Pebble Beach Drive		<b>Transaction ID : SB23-205722</b>
City Reno	State NE	
Purpose of Disbursement Candidate Contrib Earmarked		Amount of Each Disbursement this Period 20.00
Candidate Name <b>Hagan Senate Committee</b>		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Hagan Senate Committee</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2013
Mailing Address Jean Aroeste 1662 Michael Ln.		<b>Transaction ID : SB23-205723</b>
City Pacific Palisades	State CA	
Purpose of Disbursement Candidate Contrib Earmarked		Amount of Each Disbursement this Period 25.00
Candidate Name <b>Hagan Senate Committee</b>		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	95.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Robin Kelly for Congress</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2013
Mailing Address Sigrid Tishler 199 coolidge ave		<b>Transaction ID : SB23-205724</b>
City Watertown	State MA	
Purpose of Disbursement Candidate Contrib Earmarked		Amount of Each Disbursement this Period 10.00
Candidate Name <b>Robin Kelly for Congress</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Robin Kelly for Congress</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2013
Mailing Address Janice Rodgers 2100 N. Lincoln Park West #12c		<b>Transaction ID : SB23-205725</b>
City Chicago	State IL	
Purpose of Disbursement Candidate Contrib Earmarked		Amount of Each Disbursement this Period 250.00
Candidate Name <b>Robin Kelly for Congress</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Robin Kelly for Congress</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2013
Mailing Address Jewel Benedict 2438 RED BENCH RD		<b>Transaction ID : SB23-205726</b>
City PARIS	State AR	
Purpose of Disbursement Candidate Contrib Earmarked		Amount of Each Disbursement this Period 10.00
Candidate Name <b>Robin Kelly for Congress</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

270.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Robin Kelly for Congress</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2013
Mailing Address Julia Reconnu 10730 Cr 4038		<b>Transaction ID : SB23-205727</b>
City Scurry	State TE Zip Code 75158	
Purpose of Disbursement Candidate Contrib Earmarked	Category/Type	Amount of Each Disbursement this Period 50.00
Candidate Name <b>Robin Kelly for Congress</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Robin Kelly for Congress</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2013
Mailing Address Lillian Soldat 17100 Van Aken Blvd Apt. 402		<b>Transaction ID : SB23-205728</b>
City Shaker Heights	State OH Zip Code 44120	
Purpose of Disbursement Candidate Contrib Earmarked	Category/Type	Amount of Each Disbursement this Period 100.00
Candidate Name <b>Robin Kelly for Congress</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Robin Kelly for Congress</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2013
Mailing Address Amy Wang 232 Parish Rd		<b>Transaction ID : SB23-205729</b>
City Worthington	State MA Zip Code 01098	
Purpose of Disbursement Candidate Contrib Earmarked	Category/Type	Amount of Each Disbursement this Period 20.00
Candidate Name <b>Robin Kelly for Congress</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	170.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Robin Kelly for Congress</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2013
Mailing Address Nancy Kettle 9588 Wilson Ave.		<b>Transaction ID : SB23-205730</b>
City Alta Loma	State CA	
Zip Code 91737	Purpose of Disbursement Candidate Contrib Earmarked	Amount of Each Disbursement this Period 20.00
Candidate Name <b>Robin Kelly for Congress</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Robin Kelly for Congress</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2013
Mailing Address Robert Rabinowitz 1546 Andrews Ave.		<b>Transaction ID : SB23-205731</b>
City The Villages	State FL	
Zip Code 32162	Purpose of Disbursement Candidate Contrib Earmarked	Amount of Each Disbursement this Period 6.00
Candidate Name <b>Robin Kelly for Congress</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Robin Kelly for Congress</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2013
Mailing Address Karen Bopp 6505 Lily Dhu Lane		<b>Transaction ID : SB23-205732</b>
City Falls Church	State VI	
Zip Code 22044	Purpose of Disbursement Candidate Contrib Earmarked	Amount of Each Disbursement this Period 20.00
Candidate Name <b>Robin Kelly for Congress</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

46.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

### A. Jeanne Shaheen For Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2013

Mailing Address Angelina Baxter  
3311 Graybar Mine Rd.

**Transaction ID : SB23-205734**

City Garden Valley State CA Zip Code 95633

Amount of Each Disbursement this Period

4000	.	00
------	---	----

Purpose of Disbursement  
Candidate Contrib Earmarked

Category/ Type
-------------------

Candidate Name

**Jeanne Shaheen For Senate**

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

### B. Jeanne Shaheen For Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2013

Mailing Address Mary Civerolo  
2391 Kamm Ave.

**Transaction ID : SB23-205735**

City Kingsburg State CA Zip Code 93631

Amount of Each Disbursement this Period

2500	.	00
------	---	----

Purpose of Disbursement  
Candidate Contrib Earmarked

Category/ Type
-------------------

Candidate Name

**Jeanne Shaheen For Senate**

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

### C. Jeanne Shaheen For Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2013

Mailing Address Christell Stephenson  
3208 Five Oaks Place

**Transaction ID : SB23-205736**

City Louisville State KE Zip Code 40207

Amount of Each Disbursement this Period

1000	.	00
------	---	----

Purpose of Disbursement  
Candidate Contrib Earmarked

Category/ Type
-------------------

Candidate Name

**Jeanne Shaheen For Senate**

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4000	.	00
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4000	.	00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Jeanne Shaheen For Senate</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2013
Mailing Address Marion Rendon 40 Schenck Ave Apt 2c		<b>Transaction ID : SB23-205737</b>
City Great Neck	State NE	
Purpose of Disbursement Candidate Contrib Earmarked		Amount of Each Disbursement this Period 25.00
Candidate Name <b>Jeanne Shaheen For Senate</b>		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jeanne Shaheen For Senate</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2013
Mailing Address Ann Clarkson 5203 SE 38th Ave		<b>Transaction ID : SB23-205738</b>
City Portland	State OR	
Purpose of Disbursement Candidate Contrib Earmarked		Amount of Each Disbursement this Period 50.00
Candidate Name <b>Jeanne Shaheen For Senate</b>		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Jeanne Shaheen For Senate</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2013
Mailing Address Sameer Hassan 935 Vauxhall Street Ext		<b>Transaction ID : SB23-205739</b>
City Quaker Hill	State CO	
Purpose of Disbursement Candidate Contrib Earmarked		Amount of Each Disbursement this Period 20.00
Candidate Name <b>Jeanne Shaheen For Senate</b>		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

95.00

**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

### A. Jeanne Shaheen For Senate

Mailing Address Lillian Fischer  
3401 Fort Independence St

City Bronx State NE Zip Code 10463

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name  
**Jeanne Shaheen For Senate**

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		04		2013

Transaction ID : **SB23-205740**

Amount of Each Disbursement this Period

40.00
-------

Full Name (Last, First, Middle Initial)

### B. Jeanne Shaheen For Senate

Mailing Address John Macneil  
1308 Osprey Nest Lane

City Port Orange State FL Zip Code 32128

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name  
**Jeanne Shaheen For Senate**

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		04		2013

Transaction ID : **SB23-205741**

Amount of Each Disbursement this Period

25.00
-------

Full Name (Last, First, Middle Initial)

### C. Jeanne Shaheen For Senate

Mailing Address Janice Moritz  
644 Plantation Dr

City Titusville State FL Zip Code 32780

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name  
**Jeanne Shaheen For Senate**

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		04		2013

Transaction ID : **SB23-205742**

Amount of Each Disbursement this Period

100.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

165.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen For Senate**

Mailing Address Deborah McDaris  
932 N Main Ave

City Republic State MI Zip Code 65738

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

**Jeanne Shaheen For Senate**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2013

**Transaction ID : SB23-205743**

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen For Senate**

Mailing Address Anne Randolph  
460 Buck Avenue

City Vacaville State CA Zip Code 95688

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

**Jeanne Shaheen For Senate**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2013

**Transaction ID : SB23-205744**

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen For Senate**

Mailing Address Suzanne Schulze  
1072 S. Lamkin Road

City Harbor Springs State MI Zip Code 49740

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

**Jeanne Shaheen For Senate**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2013

**Transaction ID : SB23-205745**

Amount of Each Disbursement this Period

50.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

90.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen For Senate**

Mailing Address Carolyn Clark  
12 Royal Way

City Dallas State TE Zip Code 75229

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name  
**Jeanne Shaheen For Senate**

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2013

**Transaction ID : SB23-205746**

Amount of Each Disbursement this Period

100.00
--------

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen For Senate**

Mailing Address Jan Aust  
5436 SE 45th Ave.

City Portland State OR Zip Code 97206

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name  
**Jeanne Shaheen For Senate**

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2013

**Transaction ID : SB23-205747**

Amount of Each Disbursement this Period

10.00
-------

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen For Senate**

Mailing Address Patricia Donovan  
3109 Mountview Rd.

City Columbus State OH Zip Code 43221

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name  
**Jeanne Shaheen For Senate**

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2013

**Transaction ID : SB23-205748**

Amount of Each Disbursement this Period

10.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

120.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Jeanne Shaheen For Senate</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2013
Mailing Address Cheryl Washington 6258 Cottle RD		<b>Transaction ID : SB23-205749</b>
City San Jose	State CA	
Zip Code 95123	Purpose of Disbursement Candidate Contrib Earmarked	Amount of Each Disbursement this Period 20.00
Candidate Name <b>Jeanne Shaheen For Senate</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jeanne Shaheen For Senate</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2013
Mailing Address Rose Bernosky 38319 Eucalyptus DR		<b>Transaction ID : SB23-205750</b>
City Zephyrhills	State FL	
Zip Code 33542	Purpose of Disbursement Candidate Contrib Earmarked	Amount of Each Disbursement this Period 15.00
Candidate Name <b>Jeanne Shaheen For Senate</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Jeanne Shaheen For Senate</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2013
Mailing Address Lorraine McCarthy 693 W 9th St		<b>Transaction ID : SB23-205751</b>
City Claremont	State CA	
Zip Code 91711	Purpose of Disbursement Candidate Contrib Earmarked	Amount of Each Disbursement this Period 50.00
Candidate Name <b>Jeanne Shaheen For Senate</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	85.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Jeanne Shaheen For Senate</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2013
Mailing Address Jean Bower 2500 Q St NW Apt 705		<b>Transaction ID : SB23-205752</b>
City Washington	State DI Zip Code 20007	
Purpose of Disbursement Candidate Contrib Earmarked	Category/ Type	Amount of Each Disbursement this Period 100.00
Candidate Name <b>Jeanne Shaheen For Senate</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jeanne Shaheen For Senate</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2013
Mailing Address Marilyn Gross 5995 Pebble Beach Drive		<b>Transaction ID : SB23-205753</b>
City Reno	State NE Zip Code 89502	
Purpose of Disbursement Candidate Contrib Earmarked	Category/ Type	Amount of Each Disbursement this Period 20.00
Candidate Name <b>Jeanne Shaheen For Senate</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Jeanne Shaheen For Senate</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2013
Mailing Address Jean Aroeste 1662 Michael Ln.		<b>Transaction ID : SB23-205754</b>
City Pacific Palisades	State CA Zip Code 90272	
Purpose of Disbursement Candidate Contrib Earmarked	Category/ Type	Amount of Each Disbursement this Period 25.00
Candidate Name <b>Jeanne Shaheen For Senate</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	145.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Hagan Senate Committee</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address Irma Polney 155 Broad St., Apt. 44		<b>Transaction ID : SB23-205865</b>
City Flemington	State NE	
Purpose of Disbursement Candidate Contrib Earmarked		Amount of Each Disbursement this Period 1.00
Candidate Name <b>Hagan Senate Committee</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hagan Senate Committee</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address Richard Busch 2308 Georgia DR		<b>Transaction ID : SB23-205866</b>
City Westlake	State OH	
Purpose of Disbursement Candidate Contrib Earmarked		Amount of Each Disbursement this Period 10.00
Candidate Name <b>Hagan Senate Committee</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Hagan Senate Committee</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address Noreen Snyder 65 Wilderness Rise Rd		<b>Transaction ID : SB23-205867</b>
City Colchester	State VE	
Purpose of Disbursement Candidate Contrib Earmarked		Amount of Each Disbursement this Period 10.00
Candidate Name <b>Hagan Senate Committee</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	21.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Hagan Senate Committee**

Mailing Address John Cloward  
5612 David Christian Pl.

City Greensboro State NO Zip Code 27410

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name  
**Hagan Senate Committee**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : SB23-205868**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Hagan Senate Committee**

Mailing Address Anne Sturtevant  
444 SW Alderwood Dr.

City West Linn State OR Zip Code 97068

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name  
**Hagan Senate Committee**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : SB23-205869**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Hagan Senate Committee**

Mailing Address Joseph Rafferty  
115 Clark St

City Jeffersonville State IN Zip Code 47130

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name  
**Hagan Senate Committee**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : SB23-205870**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Hagan Senate Committee**

Mailing Address Ben Rogers  
9341 W 125th St

City Overland Park State KA Zip Code 66213

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name  
**Hagan Senate Committee**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : SB23-205871**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Hagan Senate Committee**

Mailing Address Marvin Garfinkel  
1052 Merlin Drive

City Niskayuna State NE Zip Code 12309

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name  
**Hagan Senate Committee**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : SB23-205872**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Hagan Senate Committee**

Mailing Address Frances Howard  
10310 Sugarberry Ct., Apt. 307

City Raleigh State NO Zip Code 27614

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name  
**Hagan Senate Committee**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : SB23-205873**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Hagan Senate Committee**

Mailing Address Margaret Wilson  
3726 Cokesbury Rd.

City State Zip Code  
Hodges SO 29653

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name  
**Hagan Senate Committee**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB23-205874**

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Hagan Senate Committee**

Mailing Address Victor Daub  
4971 E Calle Capistrano

City State Zip Code  
Tucson AR 85718

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name  
**Hagan Senate Committee**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB23-205875**

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Hagan Senate Committee**

Mailing Address Paul Carry  
595 Paokano Lp

City State Zip Code  
Kailua HA 96734

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name  
**Hagan Senate Committee**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB23-205876**

Amount of Each Disbursement this Period

100.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

150.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Hagan Senate Committee</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address Fresia Escalona 542 Santa Ana Ave		<b>Transaction ID : SB23-205877</b>
City Newport Beach	State CA Zip Code 92663	
Purpose of Disbursement Candidate Contrib Earmarked	Category/ Type	Amount of Each Disbursement this Period 50.00
Candidate Name <b>Hagan Senate Committee</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hagan Senate Committee</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address Cheryl Peterson 1100 W Montrose Ave., Apt. 501		<b>Transaction ID : SB23-205878</b>
City Chicago	State IL Zip Code 60613	
Purpose of Disbursement Candidate Contrib Earmarked	Category/ Type	Amount of Each Disbursement this Period 50.00
Candidate Name <b>Hagan Senate Committee</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Hagan Senate Committee</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address Aaron Frankel 425 Riverside DR Apt 11j		<b>Transaction ID : SB23-205879</b>
City New York	State NE Zip Code 10025	
Purpose of Disbursement Candidate Contrib Earmarked	Category/ Type	Amount of Each Disbursement this Period 100.00
Candidate Name <b>Hagan Senate Committee</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

200.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

### A. Hagan Senate Committee

Mailing Address Eleanor Nemeč  
206 N Lakeview Dr.

City Coeur D Alene State ID Zip Code 83814

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name  
**Hagan Senate Committee**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB23-205880

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

### B. Hagan Senate Committee

Mailing Address John Ballantyne  
705 16th St

City Bettendorf State IO Zip Code 52722

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name  
**Hagan Senate Committee**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB23-205881

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

### C. Hagan Senate Committee

Mailing Address Frances French  
767 Timber DR

City New Braunfels State TE Zip Code 78130

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name  
**Hagan Senate Committee**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : SB23-205882

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

100.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Hagan Senate Committee**

Mailing Address Elizabeth Dent  
608 Plaza Del Sol

City Modesto State CA Zip Code 95350

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name  
**Hagan Senate Committee**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : SB23-205883**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Hagan Senate Committee**

Mailing Address Linda Carpenter  
1900 Roosevelt Dr Apt 2

City Northfield State MI Zip Code 55057

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name  
**Hagan Senate Committee**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : SB23-205884**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Hagan Senate Committee**

Mailing Address Bonita Bowes  
PO Box 179

City Richmondville State NE Zip Code 12149

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name  
**Hagan Senate Committee**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : SB23-205885**

Amount of Each Disbursement this Period

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Hagan Senate Committee</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address Lee Larkin 90 Fair Oaks Park		<b>Transaction ID : SB23-205886</b>
City Needham	State MA	
Purpose of Disbursement Candidate Contrib Earmarked		Amount of Each Disbursement this Period 50.00
Candidate Name <b>Hagan Senate Committee</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hagan Senate Committee</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address John Holcomb 4681 SW Equestrian DR		<b>Transaction ID : SB23-205887</b>
City Gresham	State OR	
Purpose of Disbursement Candidate Contrib Earmarked		Amount of Each Disbursement this Period 100.00
Candidate Name <b>Hagan Senate Committee</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Hagan Senate Committee</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address Alice Creighton Garfield 117 Mossbark Lane		<b>Transaction ID : SB23-205888</b>
City Chapel Hill	State NO	
Purpose of Disbursement Candidate Contrib Earmarked		Amount of Each Disbursement this Period 100.00
Candidate Name <b>Hagan Senate Committee</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

250.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Robin Kelly for Congress</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address Jim Clemans 4977 Battery Lane 1-420		<b>Transaction ID : SB23-205889</b>
City Bethesda	State MA	
Purpose of Disbursement Candidate Contrib Earmarked		Amount of Each Disbursement this Period 10.00
Candidate Name <b>Robin Kelly for Congress</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Robin Kelly for Congress</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address James Harris 763 Esplanada Way		<b>Transaction ID : SB23-205890</b>
City Stanford	State CA	
Purpose of Disbursement Candidate Contrib Earmarked		Amount of Each Disbursement this Period 25.00
Candidate Name <b>Robin Kelly for Congress</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Robin Kelly for Congress</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address Prudence Skinner 2415 34th Ave		<b>Transaction ID : SB23-205891</b>
City Sacramento	State CA	
Purpose of Disbursement Candidate Contrib Earmarked		Amount of Each Disbursement this Period 10.00
Candidate Name <b>Robin Kelly for Congress</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

45.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Robin Kelly for Congress</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address Lois Chaffee 248 East 7th Street		<b>Transaction ID : SB23-205892</b>
City New York	State NE	
Purpose of Disbursement Candidate Contrib Earmarked		Amount of Each Disbursement this Period 25.00
Candidate Name <b>Robin Kelly for Congress</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jeanne Shaheen For Senate</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address Irma Polney 155 Broad St., Apt. 44		<b>Transaction ID : SB23-205894</b>
City Flemington	State NE	
Purpose of Disbursement Candidate Contrib Earmarked		Amount of Each Disbursement this Period 1.00
Candidate Name <b>Jeanne Shaheen For Senate</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Jeanne Shaheen For Senate</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address Richard Busch 2308 Georgia DR		<b>Transaction ID : SB23-205895</b>
City Westlake	State OH	
Purpose of Disbursement Candidate Contrib Earmarked		Amount of Each Disbursement this Period 10.00
Candidate Name <b>Jeanne Shaheen For Senate</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

36.00

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Jeanne Shaheen For Senate</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address Noreen Snyder 65 Wilderness Rise Rd		<b>Transaction ID : SB23-205896</b>
City Colchester	State VE Zip Code 5446	
Purpose of Disbursement Candidate Contrib Earmarked	Category/ Type	Amount of Each Disbursement this Period 10.00
Candidate Name <b>Jeanne Shaheen For Senate</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jeanne Shaheen For Senate</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address Anne Sturtevant 444 SW Alderwood Dr.		<b>Transaction ID : SB23-205897</b>
City West Linn	State OR Zip Code 97068	
Purpose of Disbursement Candidate Contrib Earmarked	Category/ Type	Amount of Each Disbursement this Period 25.00
Candidate Name <b>Jeanne Shaheen For Senate</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Jeanne Shaheen For Senate</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address Joseph Rafferty 115 Clark St		<b>Transaction ID : SB23-205898</b>
City Jeffersonville	State IN Zip Code 47130	
Purpose of Disbursement Candidate Contrib Earmarked	Category/ Type	Amount of Each Disbursement this Period 20.00
Candidate Name <b>Jeanne Shaheen For Senate</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

55.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen For Senate**

Mailing Address Ben Rogers  
9341 W 125th St

City Overland Park State KA Zip Code 66213

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

**Jeanne Shaheen For Senate**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2013

**Transaction ID : SB23-205899**

Amount of Each Disbursement this Period

100.00
--------

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen For Senate**

Mailing Address Eleanor Nemece  
206 N Lakeview Dr.

City Coeur D Alene State ID Zip Code 83814

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

**Jeanne Shaheen For Senate**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2013

**Transaction ID : SB23-205900**

Amount of Each Disbursement this Period

25.00
-------

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen For Senate**

Mailing Address Margaret Wilson  
3726 Cokesbury Rd.

City Hodges State SO Zip Code 29653

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

**Jeanne Shaheen For Senate**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2013

**Transaction ID : SB23-205901**

Amount of Each Disbursement this Period

25.00
-------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

150.00
--------

**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen For Senate**

Mailing Address Victor Daub  
4971 E Calle Capistrano

City Tucson State AR Zip Code 85718

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

**Jeanne Shaheen For Senate**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2013

**Transaction ID : SB23-205902**

Amount of Each Disbursement this Period

25.00
-------

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen For Senate**

Mailing Address Paul Carry  
595 Paokano Lp

City Kailua State HA Zip Code 96734

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

**Jeanne Shaheen For Senate**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2013

**Transaction ID : SB23-205903**

Amount of Each Disbursement this Period

100.00
--------

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen For Senate**

Mailing Address Fresia Escalona  
542 Santa Ana Ave

City Newport Beach State CA Zip Code 92663

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

**Jeanne Shaheen For Senate**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2013

**Transaction ID : SB23-205904**

Amount of Each Disbursement this Period

50.00
-------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

175.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen For Senate**

Mailing Address Cheryl Peterson  
1100 W Montrose Ave., Apt. 501

City Chicago State IL Zip Code 60613

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

**Jeanne Shaheen For Senate**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2013

**Transaction ID : SB23-205905**

Amount of Each Disbursement this Period

50.00
-------

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen For Senate**

Mailing Address Aaron Frankel  
425 Riverside DR Apt 11j

City New York State NE Zip Code 10025

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

**Jeanne Shaheen For Senate**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2013

**Transaction ID : SB23-205906**

Amount of Each Disbursement this Period

100.00
--------

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen For Senate**

Mailing Address John Ballantyne  
705 16th St

City Bettendorf State IO Zip Code 52722

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

**Jeanne Shaheen For Senate**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2013

**Transaction ID : SB23-205907**

Amount of Each Disbursement this Period

50.00
-------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

200.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen For Senate**

Mailing Address Frances French  
767 Timber DR

City New Braunfels State TE Zip Code 78130

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

**Jeanne Shaheen For Senate**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2013

**Transaction ID : SB23-205908**

Amount of Each Disbursement this Period

25.00
-------

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen For Senate**

Mailing Address Elizabeth Dent  
608 Plaza Del Sol

City Modesto State CA Zip Code 95350

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

**Jeanne Shaheen For Senate**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2013

**Transaction ID : SB23-205909**

Amount of Each Disbursement this Period

25.00
-------

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen For Senate**

Mailing Address Linda Carpenter  
1900 Roosevelt Dr Apt 2

City Northfield State MI Zip Code 55057

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

**Jeanne Shaheen For Senate**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2013

**Transaction ID : SB23-205910**

Amount of Each Disbursement this Period

25.00
-------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

75.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen For Senate**

Mailing Address Bonita Bowes  
PO Box 179

City Richmondville State NE Zip Code 12149

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

**Jeanne Shaheen For Senate**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2013

**Transaction ID : SB23-205911**

Amount of Each Disbursement this Period

7.50
------

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen For Senate**

Mailing Address Lee Larkin  
90 Fair Oaks Park

City Needham State MA Zip Code 02492

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

**Jeanne Shaheen For Senate**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2013

**Transaction ID : SB23-205912**

Amount of Each Disbursement this Period

50.00
-------

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen For Senate**

Mailing Address John Holcomb  
4681 SW Equestrian DR

City Gresham State OR Zip Code 97080

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

**Jeanne Shaheen For Senate**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2013

**Transaction ID : SB23-205913**

Amount of Each Disbursement this Period

100.00
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

157.50
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Hagan Senate Committee</b>		Date of Disbursement MM / DD / YYYY 04 / 18 / 2013
Mailing Address Marshall Newton 15 Cedar Ln		<b>Transaction ID : SB23-205989</b>
City Setauket	State NE	
Zip Code 11733	Purpose of Disbursement Candidate Contrib Earmarked	Amount of Each Disbursement this Period 50.00
Candidate Name <b>Hagan Senate Committee</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hagan Senate Committee</b>		Date of Disbursement MM / DD / YYYY 04 / 18 / 2013
Mailing Address Virginia Krutilek 921 Broadway		<b>Transaction ID : SB23-205990</b>
City Alameda	State CA	
Zip Code 94501	Purpose of Disbursement Candidate Contrib Earmarked	Amount of Each Disbursement this Period 12.50
Candidate Name <b>Hagan Senate Committee</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Hagan Senate Committee</b>		Date of Disbursement MM / DD / YYYY 04 / 18 / 2013
Mailing Address Majorie Radloff 4 Abbot St.		<b>Transaction ID : SB23-205991</b>
City Marblehead	State MA	
Zip Code 1945	Purpose of Disbursement Candidate Contrib Earmarked	Amount of Each Disbursement this Period 25.00
Candidate Name <b>Hagan Senate Committee</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	87.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Hagan Senate Committee**

Mailing Address Frances Sanders  
6000 Riverside Dr Apt A462

City Dublin State OH Zip Code 43017

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name  
**Hagan Senate Committee**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : SB23-205992**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Hagan Senate Committee**

Mailing Address Carole Allen  
180 Montana DR

City Danville State CA Zip Code 94526

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name  
**Hagan Senate Committee**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : SB23-205993**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Hagan Senate Committee**

Mailing Address Rose McCormick  
851 Galena DR

City Sandy State UT Zip Code 84094

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name  
**Hagan Senate Committee**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : SB23-205994**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Hagan Senate Committee</b>		Date of Disbursement MM / DD / YYYY 04 / 18 / 2013
Mailing Address Liann Sundquist 7211 36th Ave SW		<b>Transaction ID : SB23-205995</b>
City Seattle	State WA	
Purpose of Disbursement Candidate Contrib Earmarked		Amount of Each Disbursement this Period 100.00
Candidate Name <b>Hagan Senate Committee</b>		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hagan Senate Committee</b>		Date of Disbursement MM / DD / YYYY 04 / 18 / 2013
Mailing Address Molly Holtsford 231 Fairmont Drive		<b>Transaction ID : SB23-205996</b>
City Dekalb	State IL	
Purpose of Disbursement Candidate Contrib Earmarked		Amount of Each Disbursement this Period 100.00
Candidate Name <b>Hagan Senate Committee</b>		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Hagan Senate Committee</b>		Date of Disbursement MM / DD / YYYY 04 / 18 / 2013
Mailing Address Carol Klevans 30 Timber Acres Rd.		<b>Transaction ID : SB23-205997</b>
City Short Hills	State NE	
Purpose of Disbursement Candidate Contrib Earmarked		Amount of Each Disbursement this Period 50.00
Candidate Name <b>Hagan Senate Committee</b>		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

250.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Hagan Senate Committee</b>		Date of Disbursement MM / DD / YYYY 04 / 18 / 2013
Mailing Address Elizabeth Tindle 6408 Ashborough Ct. Apt. A		<b>Transaction ID : SB23-205998</b>
City Milton	State FL Zip Code 32570	
Purpose of Disbursement Candidate Contrib Earmarked	Category/ Type	Amount of Each Disbursement this Period 25.00
Candidate Name <b>Hagan Senate Committee</b>		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hagan Senate Committee</b>		Date of Disbursement MM / DD / YYYY 04 / 18 / 2013
Mailing Address Margaret Wiley 127 Rubio Way		<b>Transaction ID : SB23-205999</b>
City Hayward	State CA Zip Code 94544	
Purpose of Disbursement Candidate Contrib Earmarked	Category/ Type	Amount of Each Disbursement this Period 20.00
Candidate Name <b>Hagan Senate Committee</b>		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Jeanne Shaheen For Senate</b>		Date of Disbursement MM / DD / YYYY 04 / 18 / 2013
Mailing Address Marshall Newton 15 Cedar Ln		<b>Transaction ID : SB23-206000</b>
City Setauket	State NE Zip Code 11733	
Purpose of Disbursement Candidate Contrib Earmarked	Category/ Type	Amount of Each Disbursement this Period 50.00
Candidate Name <b>Jeanne Shaheen For Senate</b>		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	95.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Jeanne Shaheen For Senate</b>		Date of Disbursement MM / DD / YYYY 04 / 18 / 2013
Mailing Address Virginia Krutilek 921 Broadway		<b>Transaction ID : SB23-206001</b>
City Alameda State CA Zip Code 94501	Amount of Each Disbursement this Period 12.50	
Purpose of Disbursement Candidate Contrib Earmarked	Category/Type	
Candidate Name <b>Jeanne Shaheen For Senate</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Jeanne Shaheen For Senate</b>		Date of Disbursement MM / DD / YYYY 04 / 18 / 2013
Mailing Address Majorie Radloff 4 Abbot St.		<b>Transaction ID : SB23-206002</b>
City Marblehead State MA Zip Code 1945	Amount of Each Disbursement this Period 25.00	
Purpose of Disbursement Candidate Contrib Earmarked	Category/Type	
Candidate Name <b>Jeanne Shaheen For Senate</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Jeanne Shaheen For Senate</b>		Date of Disbursement MM / DD / YYYY 04 / 18 / 2013
Mailing Address Frances Sanders 6000 Riverside Dr Apt A462		<b>Transaction ID : SB23-206003</b>
City Dublin State OH Zip Code 43017	Amount of Each Disbursement this Period 50.00	
Purpose of Disbursement Candidate Contrib Earmarked	Category/Type	
Candidate Name <b>Jeanne Shaheen For Senate</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	87.50
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen For Senate**

Mailing Address Carole Allen  
180 Montana DR

City Danville State CA Zip Code 94526

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

**Jeanne Shaheen For Senate**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	1	3

**Transaction ID : SB23-206004**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen For Senate**

Mailing Address Rose McCormick  
851 Galena DR

City Sandy State UT Zip Code 84094

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

**Jeanne Shaheen For Senate**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	1	3

**Transaction ID : SB23-206005**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen For Senate**

Mailing Address Liann Sundquist  
7211 36th Ave SW

City Seattle State WA Zip Code 98126

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

**Jeanne Shaheen For Senate**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	1	3

**Transaction ID : SB23-206006**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1	2	0	0	0	0	0	0	0	0

1	2	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen For Senate**

Mailing Address Molly Holtsford  
231 Fairmont Drive

City State Zip Code  
Dekalb IL 60115

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

**Jeanne Shaheen For Senate**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2013

**Transaction ID : SB23-206007**

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen For Senate**

Mailing Address Carol Klevans  
30 Timber Acres Rd.

City State Zip Code  
Short Hills NE 07078

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

**Jeanne Shaheen For Senate**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2013

**Transaction ID : SB23-206008**

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen For Senate**

Mailing Address Elizabeth Tindle  
6408 Ashborough Ct. Apt. A

City State Zip Code  
Milton FL 32570

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

**Jeanne Shaheen For Senate**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2013

**Transaction ID : SB23-206009**

Amount of Each Disbursement this Period

25.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

175.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen For Senate**

Mailing Address **Betty StJohn**  
2500 State Highway 121 Apt 828

City **Eules** State **TE** Zip Code **76039**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

**Jeanne Shaheen For Senate**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	18	/	2013

**Transaction ID : SB23-206010**

Amount of Each Disbursement this Period

20.00
-------

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen For Senate**

Mailing Address **Margaret Wiley**  
127 Rubio Way

City **Hayward** State **CA** Zip Code **94544**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

**Jeanne Shaheen For Senate**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	18	/	2013

**Transaction ID : SB23-206011**

Amount of Each Disbursement this Period

20.00
-------

Full Name (Last, First, Middle Initial)

**C. Hagan Senate Committee**

Mailing Address **Angela Bedenbaugh**  
63 Suggs RD

City **Hattiesburg** State **MI** Zip Code **39402**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

**Hagan Senate Committee**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	25	/	2013

**Transaction ID : SB23-206107**

Amount of Each Disbursement this Period

20.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

60.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Hagan Senate Committee**

Mailing Address Judith Phillips  
891 S Walnut St Apt. 223

City Anaheim State CA Zip Code 92802

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name  
**Hagan Senate Committee**

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		25		2013

**Transaction ID : SB23-206108**

Amount of Each Disbursement this Period

100.00
--------

Full Name (Last, First, Middle Initial)

**B. Hagan Senate Committee**

Mailing Address Joan Walsh  
6 Springlake DR

City West harrison State NE Zip Code 10604

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name  
**Hagan Senate Committee**

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		25		2013

**Transaction ID : SB23-206109**

Amount of Each Disbursement this Period

100.00
--------

Full Name (Last, First, Middle Initial)

**C. Hagan Senate Committee**

Mailing Address Joelle Burton  
721 NE 15th Ave

City Camas State WA Zip Code 98607

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name  
**Hagan Senate Committee**

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		25		2013

**Transaction ID : SB23-206110**

Amount of Each Disbursement this Period

10.00
-------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

210.00
--------

**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Hagan Senate Committee</b>		Date of Disbursement MM / DD / YYYY 04 / 25 / 2013
Mailing Address Philip Schulman 262 Ironwood Circle		<b>Transaction ID : SB23-206111</b>
City Elkins	State PE Zip Code 19027	
Purpose of Disbursement Candidate Contrib Earmarked	Category/ Type	Amount of Each Disbursement this Period 10.00
Candidate Name <b>Hagan Senate Committee</b>		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hagan Senate Committee</b>		Date of Disbursement MM / DD / YYYY 04 / 25 / 2013
Mailing Address Leo Hayes 3204 Midvale Ave.		<b>Transaction ID : SB23-206112</b>
City Philadelphia	State PE Zip Code 19129	
Purpose of Disbursement Candidate Contrib Earmarked	Category/ Type	Amount of Each Disbursement this Period 50.00
Candidate Name <b>Hagan Senate Committee</b>		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Jeanne Shaheen For Senate</b>		Date of Disbursement MM / DD / YYYY 04 / 25 / 2013
Mailing Address Angela Bedenbaugh 63 Suggs RD		<b>Transaction ID : SB23-206113</b>
City Hattiesburg	State MI Zip Code 39402	
Purpose of Disbursement Candidate Contrib Earmarked	Category/ Type	Amount of Each Disbursement this Period 20.00
Candidate Name <b>Jeanne Shaheen For Senate</b>		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	80.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen For Senate**

Mailing Address Judith Phillips  
891 S Walnut St Apt. 223

City Anaheim State CA Zip Code 92802

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

**Jeanne Shaheen For Senate**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		25		2013

**Transaction ID : SB23-206114**

Amount of Each Disbursement this Period

100.00
--------

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen For Senate**

Mailing Address Joelle Burton  
721 NE 15th Ave

City Camas State WA Zip Code 98607

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

**Jeanne Shaheen For Senate**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		25		2013

**Transaction ID : SB23-206115**

Amount of Each Disbursement this Period

10.00
-------

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen For Senate**

Mailing Address Philip Schulman  
262 Ironwood Circle

City Elkins State PE Zip Code 19027

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

**Jeanne Shaheen For Senate**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		25		2013

**Transaction ID : SB23-206116**

Amount of Each Disbursement this Period

10.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

120.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Jeanne Shaheen For Senate</b>		Date of Disbursement MM / DD / YYYY 04 / 25 / 2013
Mailing Address Leo Hayes 3204 Midvale Ave.		<b>Transaction ID : SB23-206117</b>
City Philadelphia	State PE Zip Code 19129	
Purpose of Disbursement Candidate Contrib Earmarked	Category/ Type	Amount of Each Disbursement this Period 50.00
Candidate Name <b>Jeanne Shaheen For Senate</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jeanne Shaheen Contributions</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2013
Mailing Address Carla Aamodt 3008 W 51st Street		<b>Transaction ID : 4632659</b>
City Westwood	State KS Zip Code 66205	
Purpose of Disbursement Candidate Contrib Earmarked	Category/ Type	Amount of Each Disbursement this Period 10.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Jeanne Shaheen Contributions</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2013
Mailing Address Brooke Adams 3301 Foxridge Rd.		<b>Transaction ID : 4632660</b>
City Charlotte	State NC Zip Code 28226	
Purpose of Disbursement Candidate Contrib Earmarked	Category/ Type	Amount of Each Disbursement this Period 50.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO
State: District:		

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

50.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address **Marlene Adams**  
7921 Holm Oak Lane

City **Raleigh** State **NC** Zip Code **27613**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4632661**

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address **Herant Akmajian**  
3034 E 6th St

City **Tucson** State **AZ** Zip Code **85716**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	1	3

**Transaction ID : 4632662**

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address **Amy Alexander**  
1717 Mott-Smith Dr.

City **Honolulu** State **HI** Zip Code **96822**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4632663**

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address **Barbara Anagnostelis**  
18 Teakwood Place

City **The Woodlands** State **TX** Zip Code **77384**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4632664**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
									1

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address **Steve Anderson**  
720 Roanoake Court

City **Naperville** State **IL** Zip Code **60565**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4632665**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
									0

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address **Patricia Anderson**  
220 Sherman St NW

City **Olympia** State **WA** Zip Code **98502**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4632666**

Amount of Each Disbursement this Period

7	5	0	0	0	0	0	0	0	0
									0

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0	0	0	0	0	0	0
									0

0	0	0	0	0	0	0	0	0	0
									0

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Susan Ardis  
8100 Bearcreek

City Austin State TX Zip Code 78737

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4632667

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Frank Armentani  
44 Quail Hollow Dr

City Sewell State NJ Zip Code 08080

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 08 / 2013

Transaction ID : 4632668

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address William Atkins  
2112 Crossmeadow Lane

City Brookeville State MD Zip Code 20833

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4632669

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Jane Audrey-Neuhauser  
5 Oak Ridge Dr. #7

City Maynard State MA Zip Code 01754

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : 4632670

Amount of Each Disbursement this Period

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Fred Bado  
1245 Garden St.

City Hoboken State NJ Zip Code 07030

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : 4632671

Amount of Each Disbursement this Period

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Pat Baker  
205 W 9th St.

City Crooks State SD Zip Code 57020

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : 4632672

Amount of Each Disbursement this Period

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address **Gerald Bakker**  
12785 Wilderness Trail

City **Grand Haven** State **MI** Zip Code **49417**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4632673**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
									1

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address **Annette Bakstran**  
PO Box 96

City **Berlin** State **MA** Zip Code **01503**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	1	3

**Transaction ID : 4632674**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
									0

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address **Jean Balgrosky Hinshaw**  
400 West Ocean View Ave

City **Del Mar** State **CA** Zip Code **92014**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4632675**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
									0

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0	0	0	0	0	0	0
									0

0	0	0	0	0	0	0	0	0	0
									0

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Marsha Barton  
6807 164TH PL SW

City Edmonds State WA Zip Code 98026

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : 4632676

Amount of Each Disbursement this Period

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Joan Baumgartner  
5996 Wausaukee Rd

City West Bend State WI Zip Code 53095

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : 4632677

Amount of Each Disbursement this Period

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Barbara Beaver  
198 Beacon Hill Rd

City Califon State NJ Zip Code 07830

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : 4632678

Amount of Each Disbursement this Period

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Barbara Beaver  
198 Beacon Hill Rd

City State Zip Code  
Califon NJ 07830

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		23		2013

**Transaction ID : 4632679**

Amount of Each Disbursement this Period

20.00
-------

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Lisa Belsky  
140 Cabrini Blvd.

City State Zip Code  
New York NY 10033

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2013

**Transaction ID : 4632680**

Amount of Each Disbursement this Period

25.00
-------

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Joan Benedetti  
1908 Meadow Court

City State Zip Code  
Santa Fe NM 87505

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		08		2013

**Transaction ID : 4632681**

Amount of Each Disbursement this Period

50.00
-------

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
------

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Jean Berggren  
308 South Winooski Ave #2

City Burlington State VT Zip Code 05401

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4632682

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Betty Bernstein  
204 W Poplar Ave

City San Mateo State CA Zip Code 94402

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	1	3

Transaction ID : 4632683

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Lieselotte Betterman  
1506 W Willow Ln

City Mount Prospect State IL Zip Code 60056

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	1	3

Transaction ID : 4632684

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Joan Beverstock  
8243 E. Sierra Pinta Drive

City Scottsdale State AZ Zip Code 85255

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : **4632685**

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Marjorie Bicking  
2407 Hamond Pl

City Wilmington State DE Zip Code 19808

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : **4632686**

Amount of Each Disbursement this Period

1	0	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address James Blair  
610 Walnut

City Burlington State IA Zip Code 52601

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	3

Transaction ID : **4632687**

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional).....▶

**TOTAL** This Period (last page this line number only).....▶

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address James Blair  
610 Walnut

City Burlington State IA Zip Code 52601

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4632688**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Patricia Blankenhorn  
223 Lkeview Av

City Cambridge State MA Zip Code 02138

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4632689**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Robert Block  
34 McIntosh Ln

City Bennington State VT Zip Code 05201

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4632690**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Diane Blumson  
1210 Henry Street

City Ann Arbor State MI Zip Code 48104

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4632691

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Anne Bobigian  
1230 Valley Dr.

City Louisville State KY Zip Code 40213

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 08 / 2013

Transaction ID : 4632692

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Janet Borchers  
17377 Surrey Ct.

City Meadow Vista State CA Zip Code 95722

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4632693

Amount of Each Disbursement this Period

5.00

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

### A. Jeanne Shaheen Contributions

Mailing Address Catherine Boyan  
4 s cove rd

City burlington State VT Zip Code 05401

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	3

Transaction ID : 4632694

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

### B. Jeanne Shaheen Contributions

Mailing Address Martha Boyd  
2608 Fiset Drive

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4632695

Amount of Each Disbursement this Period

1	0	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

### C. Jeanne Shaheen Contributions

Mailing Address David Brewer  
923 N. Vassar

City Wichita State KS Zip Code 67208

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4632696

Amount of Each Disbursement this Period

2	0	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

SUBTOTAL of Disbursements This Page (optional)..... ▶

0	0	.	0	0
---	---	---	---	---

TOTAL This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Kay Briggs  
149 Anna Lane

City Berryville State VA Zip Code 22611

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4632697

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Rita Brooks  
7106 Lakewood Blvd.

City Dallas State TX Zip Code 75214

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4632698

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Michael Brownlee  
300 East 71st Street

City New York State NY Zip Code 10021

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4632699

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0	0	0	0	0	0	0

0	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Anne Burling  
18 Brown St

City Cambridge State MA Zip Code 02138

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2013

Transaction ID : 4632700

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Joan Burstyn  
216 Bradford Pkwy

City Syracuse State NY Zip Code 13224

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4632701

Amount of Each Disbursement this Period

30.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address James Buxton  
25 Sandhill Road

City Orinda State CA Zip Code 94563

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4632702

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Rebecca Calvert  
PO Box 2019

City Ranchos De Taos State NM Zip Code 87557

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4632703**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Margaret Cannon  
548b Beach Road

City Sarasota State FL Zip Code 34242

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4632704**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Susan Cappa  
5517 Ventnor Lane

City Springfield State VA Zip Code 22151

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4632705**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Leonard Carrier  
26 Stonebridge Drive

City Asheville State NC Zip Code 28805

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4632706

Amount of Each Disbursement this Period

1	0	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Louise Carvey  
3601 Overton Park DR E

City Fort Worth State TX Zip Code 76109

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	3

Transaction ID : 4632707

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Marie Cas  
3852 Ambassador Dr

City Palm Harbor State FL Zip Code 34685

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	1	3

Transaction ID : 4632708

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

**A. Jeanne Shaheen Contributions**

Full Name (Last, First, Middle Initial)

Mailing Address Linda Castle  
18331 Roehampton Dr

City Dallas State TX Zip Code 75252

Purpose of Disbursement Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 10 / 2013

Transaction ID : 4632709

Amount of Each Disbursement this Period: 5.00

[MEMO ITEM]  
MEMO

**B. Jeanne Shaheen Contributions**

Full Name (Last, First, Middle Initial)

Mailing Address Elizabeth Cerny  
7728 Williams St.

City Downers Grove State IL Zip Code 60516

Purpose of Disbursement Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 30 / 2013

Transaction ID : 4632710

Amount of Each Disbursement this Period: 5.00

[MEMO ITEM]  
MEMO

**C. Jeanne Shaheen Contributions**

Full Name (Last, First, Middle Initial)

Mailing Address Luis Cerra  
30 West 60 Street

City New York State NY Zip Code 10023

Purpose of Disbursement Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 30 / 2013

Transaction ID : 4632711

Amount of Each Disbursement this Period: 20.00

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Lois Chaffee  
248 East 7th Street

City New York State NY Zip Code 10009

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 09 / 2013

Transaction ID : 4632712

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Anne Chalfant  
1908 Del Monte Court

City Walnut Creek State CA Zip Code 94595

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4632713

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Christopher Chambers  
437 Irving St NW

City Washington State DC Zip Code 20010

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4632714

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Donald Chambers  
1400 Lilac Lane Apt. 101

City Lawrence State KS Zip Code 66044

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 08 / 2013

**Transaction ID : 4632715**

Amount of Each Disbursement this Period

50.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Fay Chandler  
444 Western Avenue # 4

City Brighton State MA Zip Code 02135

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4632716**

Amount of Each Disbursement this Period

1000.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Holly Childs  
1126 Reed Valley Rd

City Fayetteville State AR Zip Code 72704

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 23 / 2013

**Transaction ID : 4632717**

Amount of Each Disbursement this Period

30.00

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address David Chittenden  
14 Underhill Rd

City Mill Valley State CA Zip Code 94941

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4632718**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Ross Chomiak  
4000 Cathedral Ave NW

City Washington State DC Zip Code 20016

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4632719**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Jean Christensen  
1465 S 2nd St

City Louisville State KY Zip Code 40208

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4632720**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

### A. Jeanne Shaheen Contributions

Mailing Address **Madra Christian**  
295 Spring Lake Hills Dr

City **Altamonte Springs** State **FL** Zip Code **32714**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : **4632721**

Amount of Each Disbursement this Period

15.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

### B. Jeanne Shaheen Contributions

Mailing Address **Christine Coffin**  
265 Hilltop Drive

City **Hamilton** State **MT** Zip Code **59840**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : **4632722**

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

### C. Jeanne Shaheen Contributions

Mailing Address **Naomi Cohen**  
POB 39

City **Gap Mills** State **WV** Zip Code **24941**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : **4632723**

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address **Mark Connolly**  
1721 LASALLE AVE

City **Norfolk** State **VA** Zip Code **23509**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4632724**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address **David Coogan**  
2599 Dolly Bay Dr

City **Palm Harbor** State **FL** Zip Code **34684**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4632725**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address **Kathy Coombs**  
4528 Intelco Loop SE, #160

City **Lacey** State **WA** Zip Code **98503**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4632726**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address **Laura Cory**  
1664 Emerson Street

City **Palo Alto** State **CA** Zip Code **94301**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4632727**

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address **Ann Coulston**  
1603 City Lights St.

City **Santa Fe** State **NM** Zip Code **87507**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4632728**

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address **Bernard Couming**  
32 Camelot Ct

City **Stoughton** State **MA** Zip Code **02072**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4632729**

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Mike Crossman  
205 Sunset

City Sedona State AZ Zip Code 86336

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4632730

Amount of Each Disbursement this Period

5.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Marilyn Crowley  
4719 E White Aster St.

City Phoenix State AZ Zip Code 85044

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 08 / 2013

Transaction ID : 4632731

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Edwin Curley  
2645 Pin Oak Drive

City Ann Arbor State MI Zip Code 48103

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4632732

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Arlene Dalton  
2112 February Ct

City San Diego State CA Zip Code 92110

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4632733**

Amount of Each Disbursement this Period

8	.	0	0
---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Kathleen Dashiell  
27035 N, 56th St.

City Scottsdale State AZ Zip Code 85266

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4632734**

Amount of Each Disbursement this Period

5	.	0	0
---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Annick Davies  
558 East Wesley Rd

City Atlanta State GA Zip Code 30305

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4632735**

Amount of Each Disbursement this Period

2	0	.	0	0
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**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	.	0	0
---	---	---	---

0	.	0	0
---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Russell Davis  
1432 Ballindee Dr

City Salisbury State MD Zip Code 21804

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4632736

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Katie Day  
7318 Boyer St.

City Philadelphia State PA Zip Code 19119

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4632737

Amount of Each Disbursement this Period

1	5	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Edgar Demeo  
2791 Emerson Street

City Palo Alto State CA Zip Code 94306

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4632738

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Dorothy Dey  
W330s3910 Connemara Drive

City Dousman State WI Zip Code 53118

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4632739**

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address David Dickmann  
1055 Lafayette Street

City Denver State CO Zip Code 80218

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4632740**

Amount of Each Disbursement this Period

1	5	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Robert Doll  
P. O. Box 1704

City Bellingham State WA Zip Code 98227

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4632741**

Amount of Each Disbursement this Period

1	1	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Julia Dominian  
3113 Florence Dr.

City Latham State NY Zip Code 12110

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 22 / 2013

**Transaction ID : 4632742**

Amount of Each Disbursement this Period

25.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Janet Dorman  
300 West 108th Street, 6a

City New York State NY Zip Code 10025

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4632743**

Amount of Each Disbursement this Period

20.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Mardi Drebing  
4215 Cleveland Rd.

City Syracuse State NY Zip Code 13215

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 16 / 2013

**Transaction ID : 4632744**

Amount of Each Disbursement this Period

60.00

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Roger Duba  
2802 Las Gallinas Avenue

City San Rafael State CA Zip Code 94903

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : 4632745

Amount of Each Disbursement this Period

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Cherry Duve  
452 Thomas Lane

City Grand Blanc State MI Zip Code 48439

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : 4632746

Amount of Each Disbursement this Period

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Meg Dwyer  
171 Westview Meadows Rd., Apt.

City Montpelier State VT Zip Code 05602

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : 4632747

Amount of Each Disbursement this Period

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Sarah Eames  
325 Laurel Avenue

City San Anselmo State CA Zip Code 94960

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	1	3

**Transaction ID : 4632748**

Amount of Each Disbursement this Period

1	5	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Dan Elder  
2614 Robinson St.

City Redondo Beach State CA Zip Code 90278

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4632749**

Amount of Each Disbursement this Period

1	5	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Elizabeth Eliades  
8 Kirk Terrace

City Wayne State NJ Zip Code 07470

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4632750**

Amount of Each Disbursement this Period

5	.	0	0
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**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	.	0	0
---	---	---	---

0	.	0	0
---	---	---	---



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Ralph Emerson  
150 Gibbons Way

City Athens State GA Zip Code 30605

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
04 / 08 / 2013

**Transaction ID : 4632751**

Amount of Each Disbursement this Period

20.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Dorothy Engelman  
875 Rio Virgin Dr

City St. George State UT Zip Code 84790

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
04 / 30 / 2013

**Transaction ID : 4632752**

Amount of Each Disbursement this Period

10.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Andrea English  
4724 Shade Tree Ln.

City Santa Rosa State CA Zip Code 95405

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
04 / 30 / 2013

**Transaction ID : 4632753**

Amount of Each Disbursement this Period

25.00

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Karen Everhart  
4706 Cromwell Ct NW

City Acworth State GA Zip Code 30102

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	30	/	2013

Transaction ID : 4632754

Amount of Each Disbursement this Period

10.00
-------

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Joyce Faber  
1220 Cypress Point Ln

City Ventura State CA Zip Code 93003

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	12	/	2013

Transaction ID : 4632755

Amount of Each Disbursement this Period

50.00
-------

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Lawrence Fallon  
3810 Executive Ave

City Alexandria State VA Zip Code 22305

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	30	/	2013

Transaction ID : 4632756

Amount of Each Disbursement this Period

10.00
-------

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
------

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Danielle Feinberg  
479 60th St

City Oakland State CA Zip Code 94609

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 08 / 2013

**Transaction ID : 4632757**

Amount of Each Disbursement this Period

25.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Carole Ferguson  
43 Hancock Street

City Lexington State MA Zip Code 02420

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4632758**

Amount of Each Disbursement this Period

20.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Michael Feroah  
1234 Plaza Del Monte

City Santa Barbara State CA Zip Code 93101

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4632759**

Amount of Each Disbursement this Period

50.00

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Kathy Filatreau  
10832 Glencannon Drive

City Whittier State CA Zip Code 90606

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : 4632760**

Amount of Each Disbursement this Period

10.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Frank Filippi  
1048-59th Street

City Brooklyn State NY Zip Code 11219

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : 4632761**

Amount of Each Disbursement this Period

25.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Catherine Finn  
2761 James River Rd

City Howardsville State VA Zip Code 24562

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : 4632762**

Amount of Each Disbursement this Period

100.00

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Jeanne Shaheen Contributions</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2013
Mailing Address Jacqueline Fischer 15205 Watergate Rd		<b>Transaction ID : 4632763</b>
City Silver Spring	State MD	
Zip Code 20905	Purpose of Disbursement Candidate Contrib Earmarked	Amount of Each Disbursement this Period 25.00
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jeanne Shaheen Contributions</b>		Date of Disbursement MM / DD / YYYY 04 / 29 / 2013
Mailing Address Helen Fischer 2110 Eaglerock Dr.		<b>Transaction ID : 4632764</b>
City Houston	State TX	
Zip Code 77080	Purpose of Disbursement Candidate Contrib Earmarked	Amount of Each Disbursement this Period 100.00
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Jeanne Shaheen Contributions</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2013
Mailing Address Margaret Fishman 3562 Macomb St., NW		<b>Transaction ID : 4632765</b>
City Washington	State DC	
Zip Code 20016	Purpose of Disbursement Candidate Contrib Earmarked	Amount of Each Disbursement this Period 25.00
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Jessica Fishman  
439 S. 44th St

City Phila State PA Zip Code 19104

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4632766

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Douglas Fitzgerald  
2362 Ga Hwy 26 W

City Oglethorpe State GA Zip Code 31068

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4632767

Amount of Each Disbursement this Period

5.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Jan Flora  
1902 George Allen Ave.

City Ames State IA Zip Code 50010

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4632768

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Robin Anne Floyd  
5003 Macarthur Court, NW

City Washington State DC Zip Code 20016

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	3

Transaction ID : 4632769

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Helen Fosdick  
5015 Blossom St.

City Houston State TX Zip Code 77007

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4632770

Amount of Each Disbursement this Period

6	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Anna Kay France  
27 Brantford Place

City Buffalo State NY Zip Code 14222

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4632771

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Sandi Freinberg  
128 Greenmeadow Drive

City Deer Park State NY Zip Code 11729

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4632772

Amount of Each Disbursement this Period

15.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Janet Frost  
136 W 24th Ave

City Spokane State WA Zip Code 99203

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 13 / 2013

Transaction ID : 4632773

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Irna Gadd  
305 E. 24 St. - 9A

City New York State NY Zip Code 10010

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4632774

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Judith Galloway  
15715 River Road

City Darnestown State MD Zip Code 20874

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4632775

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Judith Gans  
3631 E Roger Rd

City Tucson State AZ Zip Code 85718

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4632776

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Grace Garcia  
4330 Bull Creek Rd. #3105

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4632777

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Joi Gibson  
4641 Perth Road

City West Palm Beach State FL Zip Code 33415

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4632778**

Amount of Each Disbursement this Period

5.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Robert Gibson  
5009 Prestwick Dr.

City Fairfax State VA Zip Code 22030

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4632779**

Amount of Each Disbursement this Period

50.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Betty Giffin  
3505 Lakeview Dr Apt. 209

City Hazel Crst State IL Zip Code 60429

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 08 / 2013

**Transaction ID : 4632780**

Amount of Each Disbursement this Period

20.00

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Kenneth Gladden  
1425 Broadway

City Seattle State WA Zip Code 98122

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4632781**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Mildred Glimcher  
435 East 52nd Street

City New York State NY Zip Code 10022

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	3

**Transaction ID : 4632782**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Nancy Goldstein  
1312 N Leavitt #3

City Chicago State IL Zip Code 60622

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	3

**Transaction ID : 4632783**

Amount of Each Disbursement this Period

1	2	0	0	0	0	0	0	0	0

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0	0	0	0	0	0	0

0	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Dale Goldstein  
50 Constable Lane

City Levittown State NY Zip Code 11756

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4632784**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Anne Goldstein  
Po Box 920

City Belchertown State MA Zip Code 01007

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4632785**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address William Gorman  
5555 Sheridan Rd

City Chicago State IL Zip Code 60640

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4632786**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Joan Gotti  
17 Robin Road

City Rumson State NJ Zip Code 07760

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4632787

Amount of Each Disbursement this Period

1	5	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Patricia Gotway  
5225 N New Jersey St

City Indianapolis State IN Zip Code 46220

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4632788

Amount of Each Disbursement this Period

8	.	0	0
---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Sharon Grant  
300 Columbia Point Drive, #H-131

City Richland State WA Zip Code 99352

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	1	3

Transaction ID : 4632789

Amount of Each Disbursement this Period

1	0	0	.	0	0
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[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	.	0	0
---	---	---	---

0	.	0	0
---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Katherine Gray  
8525 Burgundy Rd.

City Richmond State VA Zip Code 23235

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	3

Transaction ID : 4632790

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address George Grunwald  
1196 Grove Circle

City Benicia State CA Zip Code 94510

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4632791

Amount of Each Disbursement this Period

1	6	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Rolf Gunnar  
737 Godair Circle

City Hinsdale State IL Zip Code 60521

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	1	3

Transaction ID : 4632792

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
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0	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Barbara Gurtler  
6723 N Wilshire Ct.

City Peoria State IL Zip Code 61614

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	3

Transaction ID : 4632793

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Mary Haak  
9903 E. Sunburst Drive

City Sun Lakes State AZ Zip Code 85248

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4632794

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Karen Halderson  
3301 Monroe Street, NE

City Albuquerque State NM Zip Code 87110

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	3

Transaction ID : 4632795

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

5	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Alice Hall  
273 Upland RD

City Cambridge State MA Zip Code 02140

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	1	3

**Transaction ID : 4632796**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Francy Hall  
557 Ridge Rd.

City Owatonna State MN Zip Code 55060

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4632797**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Lesley Hallick  
52142 Lake Dr.

City Scappoose State OR Zip Code 97056

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4632798**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

### A. Jeanne Shaheen Contributions

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2013

Mailing Address Paul Hamburg  
90 Risley Road

**Transaction ID : 4632799**

City Chestnut Hill State MA Zip Code 02467

Amount of Each Disbursement this Period

5.00
------

Purpose of Disbursement  
Candidate Contrib Earmarked

Category/Type
---------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

**[MEMO ITEM]**  
MEMO

State: District:

Full Name (Last, First, Middle Initial)

### B. Jeanne Shaheen Contributions

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2013

Mailing Address Patricia Hanan  
19 Benjamin Hill Rd

**Transaction ID : 4632800**

City Newfield State NY Zip Code 14867

Amount of Each Disbursement this Period

5.00
------

Purpose of Disbursement  
Candidate Contrib Earmarked

Category/Type
---------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

**[MEMO ITEM]**  
MEMO

State: District:

Full Name (Last, First, Middle Initial)

### C. Jeanne Shaheen Contributions

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2013

Mailing Address Frederick Handrich  
14 Puesta Del Sol

**Transaction ID : 4632801**

City Placitas State NM Zip Code 87043

Amount of Each Disbursement this Period

5.00
------

Purpose of Disbursement  
Candidate Contrib Earmarked

Category/Type
---------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

**[MEMO ITEM]**  
MEMO

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

0.00
------

**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Martha Hanner  
18 Alyssum DR

City Amherst State MA Zip Code 01002

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 15 / 2013

Transaction ID : 4632802

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Linda Hanson  
1400 W. North St.

City Muncie State IN Zip Code 47303

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 08 / 2013

Transaction ID : 4632803

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Susan Harvey  
43 Sudbury Rd

City Ashland State MA Zip Code 01721

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 21 / 2013

Transaction ID : 4632804

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

### A. Jeanne Shaheen Contributions

Mailing Address Laura Haule  
30702 McCormick Ln

City Warrenville State IL Zip Code 60555

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2013

Transaction ID : 4632805

Amount of Each Disbursement this Period

25.00
-------

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

### B. Jeanne Shaheen Contributions

Mailing Address Nancy Hay  
341 Harbor View Avenue

City Pismo Beach State CA Zip Code 93449

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2013

Transaction ID : 4632806

Amount of Each Disbursement this Period

25.00
-------

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

### C. Jeanne Shaheen Contributions

Mailing Address Nancy Hay  
341 Harbor View Avenue

City Pismo Beach State CA Zip Code 93449

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2013

Transaction ID : 4632807

Amount of Each Disbursement this Period

25.00
-------

[MEMO ITEM]  
MEMO

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0.00
------

--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address **Andrea Hazlitt**  
110 Wedgewood

City **Lake Jackson** State **TX** Zip Code **77566**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4632808**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address **Lindsey Hedrick**  
150 OceanGreens Lane

City **Caswell Beach** State **NC** Zip Code **28465**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4632809**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address **Anna Helisek**  
20 Devon Blvd.

City **Binghamton** State **NY** Zip Code **13903**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4632810**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1093 OF 1350
<input type="checkbox"/> 21b <input type="checkbox"/> 22 <input checked="" type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input type="checkbox"/> 29 <input type="checkbox"/> 30b		

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NAME OF COMMITTEE (In Full) <b>EMILY's List</b>
--

<b>A. Jeanne Shaheen Contributions</b> Full Name (Last, First, Middle Initial)		Date of Disbursement <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 60px;" type="text"/>	
Mailing Address <b>Bill Helwig</b> 10801 Lagrima De Oro Rd NE		<b>Transaction ID : 4632811</b>  Amount of Each Disbursement this Period <input style="width: 100%; text-align: right;" type="text"/> 50.00  <b>[MEMO ITEM]</b> MEMO	
City Albuquerque	State NM		Zip Code 87111
Purpose of Disbursement Candidate Contrib Earmarked			<input style="width: 40px;" type="text"/> Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:                    District:			

<b>B. Jeanne Shaheen Contributions</b> Full Name (Last, First, Middle Initial)		Date of Disbursement <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 60px;" type="text"/>	
Mailing Address <b>William Henderson</b> 2908 Green Grove Ln NE		<b>Transaction ID : 4632812</b>  Amount of Each Disbursement this Period <input style="width: 100%; text-align: right;" type="text"/> 10.00  <b>[MEMO ITEM]</b> MEMO	
City Tuscaloosa	State AL		Zip Code 35404
Purpose of Disbursement Candidate Contrib Earmarked			<input style="width: 40px;" type="text"/> Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:                    District:			

<b>C. Jeanne Shaheen Contributions</b> Full Name (Last, First, Middle Initial)		Date of Disbursement <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 60px;" type="text"/>	
Mailing Address <b>Ann Hendrie</b> 2 Warren's Point Rd.		<b>Transaction ID : 4632813</b>  Amount of Each Disbursement this Period <input style="width: 100%; text-align: right;" type="text"/> 50.00  <b>[MEMO ITEM]</b> MEMO	
City Little Compton	State RI		Zip Code 02837
Purpose of Disbursement Candidate Contrib Earmarked			<input style="width: 40px;" type="text"/> Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:                    District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	<input style="width: 100%; text-align: right;" type="text"/> 0.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	<input style="width: 100%; text-align: right;" type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Linda Henzl  
3919 Winnemac Ave

City Madison State WI Zip Code 53711

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 09 / 2013

**Transaction ID : 4632814**

Amount of Each Disbursement this Period

50.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Peter Heymann  
280 Maiden Lane E

City Seattle State WA Zip Code 98112

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4632815**

Amount of Each Disbursement this Period

20.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Heidi Hida  
2109 N 73 St

City Wauwatosa State WI Zip Code 53213

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2013

**Transaction ID : 4632816**

Amount of Each Disbursement this Period

25.00

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address **Debbie Hill**  
176 West King St.

City **Hillsborough** State **NC** Zip Code **27278**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4632817**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address **Stanley Hills**  
5001 SW 65 Ave

City **Miami** State **FL** Zip Code **33155**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4632818**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address **Maria Hobbs**  
30 Mount Tenaya DR

City **San Rafael** State **CA** Zip Code **94903**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	1	3

**Transaction ID : 4632819**

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0	0	0	0	0	0	0

0	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Leslie Horst  
41 Hall Avenue

City Watertown State MA Zip Code 02472

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4632820**

Amount of Each Disbursement this Period

5	.	0	0
---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Dana Howell  
Box 1003

City Ketchum State ID Zip Code 83340

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4632821**

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Marian Hull  
529 Brent Road

City Rockville State MD Zip Code 20850

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	1	3

**Transaction ID : 4632822**

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	.	0	0
---	---	---	---

0	.	0	0
---	---	---	---



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address **Thomas Hungerford**  
946 Chesterfield Villas Cir

City **Chesterfield** State **MO** Zip Code **63017**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 09 / 2013

**Transaction ID : 4632823**

Amount of Each Disbursement this Period

100.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address **Betty Hunt**  
117 Shadylane Court

City **Roseville** State **CA** Zip Code **95747**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 23 / 2013

**Transaction ID : 4632824**

Amount of Each Disbursement this Period

35.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address **Sue Idleman**  
35 Winding Way

City **Madison** State **NJ** Zip Code **07940**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4632825**

Amount of Each Disbursement this Period

100.00

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Amy Isseroff  
15 Lewis Rd

City Irvington State NY Zip Code 10533

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 08 / 2013

Transaction ID : 4632826

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Amy Isseroff  
15 Lewis Rd

City Irvington State NY Zip Code 10533

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4632827

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Deanna Jancsek  
1645 Kearney Drive

City North Brunswick State NJ Zip Code 08902

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4632828

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Anita Jensen  
8526 Alexis DR

City State Zip Code  
Macedonia OH 44056

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4632829**

Amount of Each Disbursement this Period

5.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Robert Johnson  
PO Box 2497

City State Zip Code  
charlottesville VA 22902

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4632830**

Amount of Each Disbursement this Period

25.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Joan Johnson  
4109 Pecunnie Way

City State Zip Code  
Louisville KY 40218

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 26 / 2013

**Transaction ID : 4632831**

Amount of Each Disbursement this Period

25.00

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Susan Jones  
360 Edgemere Place

City Oberlin State OH Zip Code 44074

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : 4632832

Amount of Each Disbursement this Period

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Nancy Jones  
PO Box 996

City Bradford State VT Zip Code 05033

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : 4632833

Amount of Each Disbursement this Period

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Paul Joy  
5108 Syracuse Rd.

City Cheyenne State WY Zip Code 82009

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : 4632834

Amount of Each Disbursement this Period

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Judith Joyce  
146 1/2 Garden St

City Prescott State AZ Zip Code 86305

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : 4632835

Amount of Each Disbursement this Period

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Steven Jung  
91 Coastline Drive

City Olga State WA Zip Code 98279

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : 4632836

Amount of Each Disbursement this Period

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Jeannette Kahlenberg  
900 University St Apt 903

City Seattle State WA Zip Code 98101

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : 4632837

Amount of Each Disbursement this Period

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Joyce Kaiser  
2 Grove Isle Dr Apt 1809

City Coconut Grove State FL Zip Code 33133

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	3

Transaction ID : 4632838

Amount of Each Disbursement this Period

2	0	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Daniel Kasper  
PO Box 111

City West Stockbridge State MA Zip Code 01266

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4632839

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Dreama Kattenbraker  
PO Box 126

City Fincastle State VA Zip Code 24090

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4632840

Amount of Each Disbursement this Period

2	0	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Laurie Katz  
22 Oakland Ave

City Needham State MA Zip Code 02492

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4632841**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Cecily Keating  
150 West 79th Street, Apt. 8D

City New York State NY Zip Code 10024

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4632842**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Marilyn Kelley  
2608 Butler Drive

City Norman State OK Zip Code 73069

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4632843**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Rosemary Kemper  
10 Michael Rd.

City Framingham State MA Zip Code 01701

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 10 / 2013

Transaction ID : 4632844

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Amy Kesselman  
107 Nash Street

City New Haven State CT Zip Code 06511

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 08 / 2013

Transaction ID : 4632845

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Lesley Ketzal  
4407 Quail Pointe RD

City Lawrence State KS Zip Code 66047

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 22 / 2013

Transaction ID : 4632846

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Arif Khan  
5115 North Sheridan Road

City Chicago State IL Zip Code 60640

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4632847

Amount of Each Disbursement this Period

5	.	0	0
---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Charlotte Kiffer  
1420 N Mweridian Rd #106

City Tallahassee State FL Zip Code 32303

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4632848

Amount of Each Disbursement this Period

7	.	0	0
---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Edward Killian  
1051 S. Park Rd.

City Hollywood State FL Zip Code 33021

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	1	3

Transaction ID : 4632849

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	.	0	0
---	---	---	---

0	.	0	0
---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Virginia King  
1281 Bel Air Dr

City Santa Barbara State CA Zip Code 93105

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 17 / 2013

Transaction ID : 4632850

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Sandra Ksir  
2068 N. 17th St

City Laramie State WY Zip Code 82072

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 13 / 2013

Transaction ID : 4632851

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Sandra Kunz  
89 Hollingsworth Avenue

City Braintree State MA Zip Code 02184

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 08 / 2013

Transaction ID : 4632852

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Verla Kwiram  
825 NW 197th St

City Shoreline State WA Zip Code 98177

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4632853**

Amount of Each Disbursement this Period

50.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Ann Larimore  
916 Olivia Ave

City Ann Arbor State MI Zip Code 48104

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 12 / 2013

**Transaction ID : 4632854**

Amount of Each Disbursement this Period

1000.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Sue Larsen  
194 Edgewood DR

City Averill Park State NY Zip Code 12018

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2013

**Transaction ID : 4632855**

Amount of Each Disbursement this Period

50.00

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Marjorie Larson  
12310 30th Ave N

City Plymouth State MN Zip Code 55441

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 08 / 2013

Transaction ID : 4632856

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Warren LeGarie  
1108 Masonic Avenue

City San Francisco State CA Zip Code 94117

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 08 / 2013

Transaction ID : 4632857

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Lannon Leiman  
1 Twain Ave.

City Berkeley State CA Zip Code 94708

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4632858

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address **Barbara Leitner**  
7126 W Adler St

City **Milwaukee** State **WI** Zip Code **53214**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	1	3

**Transaction ID : 4632859**

Amount of Each Disbursement this Period

2	0	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address **David Lilienthal**  
1796 Main Street

City **East Dennis** State **MA** Zip Code **02641**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4632860**

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address **Gregory Lines**  
171 West St

City **Saint Helens** State **OR** Zip Code **97051**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	3

**Transaction ID : 4632861**

Amount of Each Disbursement this Period

1	0	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	.	0	0
---	---	---	---

0	.	0	0
---	---	---	---

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

### A. Jeanne Shaheen Contributions

Mailing Address Melissa Little  
6300 Creedmoor Rd., Ste 170, #

City Raleigh State NC Zip Code 27612

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

Transaction ID : 4632862

Amount of Each Disbursement this Period

33.00
-------

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

### B. Jeanne Shaheen Contributions

Mailing Address Louise Litwack  
8547 Olde Mill Circle West Dr

City Indianapolis State IN Zip Code 46260

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	29	/	2013

Transaction ID : 4632863

Amount of Each Disbursement this Period

100.00
--------

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

### C. Jeanne Shaheen Contributions

Mailing Address Louise Litwack  
8547 Olde Mill Circle West Dr

City Indianapolis State IN Zip Code 46260

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	29	/	2013

Transaction ID : 4632864

Amount of Each Disbursement this Period

100.00
--------

[MEMO ITEM]  
MEMO

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0.00
------

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Ann Livingston  
300 Lake St. Apt 301

City Burlington State VT Zip Code 05401

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 09 / 2013

Transaction ID : 4632865

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Jakob Loewenberg  
4336 N Sheffield

City Shorewood State WI Zip Code 53211

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 14 / 2013

Transaction ID : 4632866

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Celeste Loft  
258 New York Avenue

City Brooklyn State NY Zip Code 11216

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4632867

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address John Lorand  
1351 Tomah Dr

City Mount Pleasant State MI Zip Code 48858

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4632868**

Amount of Each Disbursement this Period

10.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Charlene Lowery  
20 Sargent Place

City Manhasset State NY Zip Code 11030

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 10 / 2013

**Transaction ID : 4632869**

Amount of Each Disbursement this Period

50.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Paula Lynch  
20 Newell Road

City Cranston State RI Zip Code 02910

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4632870**

Amount of Each Disbursement this Period

25.00

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Fran Lyons  
17044 Embassy Drive

City Encino State CA Zip Code 91316

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	1	3

Transaction ID : 4632871

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Jane Maddock  
P.O, Box 1386

City Dillon State MT Zip Code 59725

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4632872

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Allen Magruder  
10636 Arundel Avenue

City Las Vegas State NV Zip Code 89135

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4632873

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

5	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Rose Manak  
1316 W Fargo Ave

City Chicago State IL Zip Code 60626

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 10 / 2013

**Transaction ID : 4632874**

Amount of Each Disbursement this Period

25.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Doris Manock  
1045 E. Swift Avenue

City Fresno State CA Zip Code 93704

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 09 / 2013

**Transaction ID : 4632875**

Amount of Each Disbursement this Period

100.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Eleonora Marovitz  
1155 Norwood St

City Kent State OH Zip Code 44240

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2013

**Transaction ID : 4632876**

Amount of Each Disbursement this Period

35.00

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Vicki Marshall  
135 W Hines Hill Rd

City Hudson State OH Zip Code 44236

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4632877**

Amount of Each Disbursement this Period

33.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Linda Martens  
1034 Belleforte

City Oak Park State IL Zip Code 60302

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4632878**

Amount of Each Disbursement this Period

25.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Cynthia McCabe  
1715 11th St

City Los Osos State CA Zip Code 93402

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4632879**

Amount of Each Disbursement this Period

10.00

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Donna McCaffrey  
14751 Timberlake Court

City Spring Lake State MI Zip Code 49456

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			3	0			2	0	1	3		

**Transaction ID : 4632880**

Amount of Each Disbursement this Period

2	5	0	0
---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Judith McCleary  
2680 Natoma Street

City Miami State FL Zip Code 33133

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	5			2	0	1	3		

**Transaction ID : 4632881**

Amount of Each Disbursement this Period

1	0	0	0
---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Pamela McCoy  
2626 Sunset Hills

City Escondido State CA Zip Code 92025

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	9			2	0	1	3		

**Transaction ID : 4632882**

Amount of Each Disbursement this Period

5	0	0	0
---	---	---	---

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0
---	---	---	---

0	0	0	0
---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Robert McCullough  
781 South High Street

City Denver State CO Zip Code 80209

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4632883**

Amount of Each Disbursement this Period

15.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Anthea McGoldrick  
240 4th Avenue

City San Francisco State CA Zip Code 94118

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4632884**

Amount of Each Disbursement this Period

25.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Jane McHugh  
3580 Shaw Ave Apt 230

City Cincinnati State OH Zip Code 45208

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 19 / 2013

**Transaction ID : 4632885**

Amount of Each Disbursement this Period

100.00

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Alain Mei  
2904 Kauhale St.

City Kihei State HI Zip Code 96753

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4632886**

Amount of Each Disbursement this Period

15.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Carol Mendenhall  
6703 E Sugarloaf St

City Mesa State AZ Zip Code 85215

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 09 / 2013

**Transaction ID : 4632887**

Amount of Each Disbursement this Period

50.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Suzanne Mendez  
526 Pettis Ave

City Mountain View State CA Zip Code 94041

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4632888**

Amount of Each Disbursement this Period

5.00

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full) <b>EMILY's List</b>
--

Full Name (Last, First, Middle Initial) <b>A. Jeanne Shaheen Contributions</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2013
Mailing Address Hugh Merriman 10931 N.E. South Beach Drive		Transaction ID : <b>4632889</b>
City Bainbridge Island	State WA	
Zip Code 98110	Purpose of Disbursement Candidate Contrib Earmarked	Amount of Each Disbursement this Period 33.00
Candidate Name	Category/Type	[MEMO ITEM] MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jeanne Shaheen Contributions</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2013
Mailing Address Kathryn Mesner 2524 28th Street		Transaction ID : <b>4632890</b>
City Central City	State NE	
Zip Code 68826	Purpose of Disbursement Candidate Contrib Earmarked	Amount of Each Disbursement this Period 50.00
Candidate Name	Category/Type	[MEMO ITEM] MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Jeanne Shaheen Contributions</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2013
Mailing Address Jim Metropoulos 14 Haytown Road		Transaction ID : <b>4632891</b>
City Lebanon	State NJ	
Zip Code 08833	Purpose of Disbursement Candidate Contrib Earmarked	Amount of Each Disbursement this Period 100.00
Candidate Name	Category/Type	[MEMO ITEM] MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Donald Meyer  
P.O. Box 9911

City Santa Fe State NM Zip Code 87504

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2013

Transaction ID : 4632892

Amount of Each Disbursement this Period

15.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Frances Milberg  
150 E 56th Sr

City Ny State NY Zip Code 10022

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4632893

Amount of Each Disbursement this Period

16.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Sally Mitchell  
1400 New Castle St

City Beaufort State SC Zip Code 29902

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 21 / 2013

Transaction ID : 4632894

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Virginia Mithoff  
2930 Lazy Lane Blvd.

City Houston State TX Zip Code 77019

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 12 / 2013

**Transaction ID : 4632895**

Amount of Each Disbursement this Period

250.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Constance Moore  
419 s. Camac St.

City Philadelphia State PA Zip Code 19147

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2013

**Transaction ID : 4632896**

Amount of Each Disbursement this Period

25.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address John Moran  
1215 E Mwndocino St

City Altadena State CA Zip Code 91001

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2013

**Transaction ID : 4632897**

Amount of Each Disbursement this Period

25.00

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Alene Moris  
900 Univerisyt St

City Seattle State WA Zip Code 98101

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4632898

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Ellen Moscoe  
2316 NW 101st Street

City Vancouver State WA Zip Code 98685

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4632899

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Kathleen Murphy  
5320 Burton Road

City Moss Point State MS Zip Code 39562

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4632900

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Virginia Nash  
837 Hickory Drive

City Geneseo State IL Zip Code 61254

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4632901**

Amount of Each Disbursement this Period

6.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Sam Neisner  
332 Sandal Lane

City Palm Beach Shores State FL Zip Code 33404

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4632902**

Amount of Each Disbursement this Period

16.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Linda Nichols  
1103 NW 30 Ave

City Gainesville State FL Zip Code 32609

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4632903**

Amount of Each Disbursement this Period

25.00

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Gary Noble  
5206 Springhouse Circle

City Stone Mountain State GA Zip Code 30087

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4632904

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Henry Norton  
251 Maltby Ave.

City Slippery Rock State PA Zip Code 16057

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	3

Transaction ID : 4632905

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Claude Noyes  
33 Vick Park A

City Rochester State NY Zip Code 14607

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	1	3

Transaction ID : 4632906

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Dorothy Nye  
67 Walnut Bottom Road

City Shippenburg State PA Zip Code 17257

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2013

**Transaction ID : 4632907**

Amount of Each Disbursement this Period

100.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Jane O'Grady  
2452 Tunlaw Rd., NW

City Washington State DC Zip Code 20007

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4632908**

Amount of Each Disbursement this Period

50.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address David Ono  
195 Sycamore St.

City Albany State NY Zip Code 12209

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4632909**

Amount of Each Disbursement this Period

10.00

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Jo Ann Orlinsky  
3704 North Charles Street

City Baltimore State MD Zip Code 21218

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 29 / 2013

**Transaction ID : 4632910**

Amount of Each Disbursement this Period

100.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Marsha Orr  
5840 W. 112th Place

City Westminster State CO Zip Code 80020

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4632911**

Amount of Each Disbursement this Period

20.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Anne Otten  
5005 155th Pl. SE

City Bellevue State WA Zip Code 98006

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2013

**Transaction ID : 4632912**

Amount of Each Disbursement this Period

1000.00

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Joy Panagides  
8404 Whitman Drive

City Bethesda State MD Zip Code 20817

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4632913**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Lucy Parker  
1315 Kingwood St.

City Ypsilanti State MI Zip Code 48197

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4632914**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Melissa Patterson-Meador  
288 Briarwood Ln

City Middletown State CT Zip Code 06457

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4632915**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1128 OF 1350

21b  22  23  24  25  26  
 27  28a  28b  28c  29  30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Ann Pennell-Cimini  
49 Shawmut St

City East Longmeadow State MA Zip Code 01028

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 29 / 2013

Transaction ID : 4632916

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Ann Pennell-Cimini  
49 Shawmut St

City East Longmeadow State MA Zip Code 01028

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 29 / 2013

Transaction ID : 4632917

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Martha Perelli  
2217 Karns Place

City Raleigh State NC Zip Code 27614

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 29 / 2013

Transaction ID : 4632918

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional).....▶

**TOTAL** This Period (last page this line number only).....▶

0.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Ellen Perrin  
33 Abbottsford Road

City Brookline State MA Zip Code 02446

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4632919

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Denise Petersen  
73 Preda Street

City San Leandro State CA Zip Code 94577

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4632920

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Anne Petersen  
3715 Blackberry LN

City Kalamazoo State MI Zip Code 49008

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 08 / 2013

Transaction ID : 4632921

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Kristine Pierce  
891 N Channel

City Harsens Island State MI Zip Code 48028

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4632922

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
									1

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Ann Porter  
6100 Kings View Dr. #105

City Grand Forks State ND Zip Code 58201

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4632923

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
									1

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Jeanne Powell  
17237 Greenwood Place N

City Shoreline State WA Zip Code 98133

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4632924

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
									0

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0	0	0	0	0	0	0
									0

0	0	0	0	0	0	0	0	0	0
									0

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

### A. Jeanne Shaheen Contributions

Mailing Address Elliott Powell  
850 Antilla Way

City San Marcos State CA Zip Code 92078

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

Transaction ID : 4632925

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

### B. Jeanne Shaheen Contributions

Mailing Address Andrew Puglia  
158 Powder House Boulevard

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

Transaction ID : 4632926

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

### C. Jeanne Shaheen Contributions

Mailing Address Jo Ann Putnam-Scholes  
20 Fairway Drive

City Barrington State RI Zip Code 02806

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

Transaction ID : 4632927

Amount of Each Disbursement this Period

33.00

[MEMO ITEM]  
MEMO

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address John Racanelli  
5 Eaat 22nd. Street. Apt.6j

City New York State NY Zip Code 10010

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4632928**

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Charles Ramsey  
9817 Circle Drive Lot 342

City Austin State TX Zip Code 78736

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4632929**

Amount of Each Disbursement this Period

1	2	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Davian Rawls  
17 Nevens St

City Portland State ME Zip Code 04103

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4632930**

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address **Gerald Rech**  
70 N. Old Cedar Circle

City **The Woodlands** State **TX** Zip Code **77382**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4632931**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address **Barbara Renfroe**  
56 Muirfield Ct.

City **Poughkeepsie** State **NY** Zip Code **12603**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4632932**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address **Corban Rhodes**  
80 Lafayette Ave.

City **Brooklyn** State **NY** Zip Code **11217**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4632933**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address **Roberta Riccio**  
519 Rutgers Ave

City **Swarthmore** State **PA** Zip Code **19081**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4632934**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address **Irene Rinn**  
336 36th St. #319

City **Bellingham** State **WA** Zip Code **98225**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4632935**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address **Catherine Robbins**  
1943 29th Ave.

City **San Francisco** State **CA** Zip Code **94116**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4632936**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address **Bonnie Robbins**  
2821 Fairview Ave. E.

City **Seattle** State **WA** Zip Code **98102**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4632937**

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address **Shelley Roberts**  
206 Hermosa Dr., SE

City **Albuquerque** State **NM** Zip Code **87108**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4632938**

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address **Louise Roberts**  
9838 N Houston Oak Dr

City **Germantown** State **TN** Zip Code **38139**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4632939**

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address **Stephanie Robinson**  
300 S. Canon Dr.

City **Beverly Hills** State **CA** Zip Code **90212**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	3

**Transaction ID : 4632940**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address **Nancy Rohn**  
2722 Thayer Street

City **Evanston** State **IL** Zip Code **60201**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	1	3

**Transaction ID : 4632941**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address **Joseph Rosenstein**  
223 South Third Avenue

City **Highland Park** State **NJ** Zip Code **08904**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4632942**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0	0	0	0	0	0	0

0	0	0	0	0	0	0	0	0	0



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Ilse Ross  
2 Windswept Ln

City Setauket State NY Zip Code 11733

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 10 / 2013

Transaction ID : 4632943

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Joyce Ross  
14215 Brandermill Woods Trl

City Midlothian State VA Zip Code 23112

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4632944

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Edna Rossenas  
1795 Shoreline Highway

City Muir Beach State CA Zip Code 94965

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4632945

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Judith Rowe  
4701 Willard Avenue, Apt 405

City Chevy Chase State MD Zip Code 20815

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4632946

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Melissa Ryan  
1884 Columbia Rd NW

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4632947

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Kathleen Ryan  
2103 Del Hollow St

City Lakewood State CA Zip Code 90712

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4632948

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Chantal Saipe  
4191 Combe Way

City San Diego State CA Zip Code 92122

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 10 / 2013

Transaction ID : 4632949

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Sandra Salveter  
3000 W. Valley Forge Circle

City King of Prussia State PA Zip Code 19406

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 25 / 2013

Transaction ID : 4632950

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Sam Sanders  
6516 W Stanley Rd

City Mount Morris State MI Zip Code 48458

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4632951

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Annette Schaumann  
2640 Elmdale Ct..

City Palo Alto State CA Zip Code 94303

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4632952

Amount of Each Disbursement this Period

5.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Priscilla Schmitz  
10110 Coveridge Dr

City Dallas State TX Zip Code 75238

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 08 / 2013

Transaction ID : 4632953

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Judith Schneider  
1175 E. Broadway

City Hewlett State NY Zip Code 11557

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4632954

Amount of Each Disbursement this Period

18.00

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Doris Schulman  
360 E. 72nd Street

City New York State NY Zip Code 10021

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	1	3

Transaction ID : 4632955

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Paul Schwartz  
115-25 Metropolitan Ave

City Kew Gardens State NY Zip Code 11418

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4632956

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Jane Shannon  
2200 Cambridge Dr.

City Sarasota State FL Zip Code 34232

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	3

Transaction ID : 4632957

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Peg Shaw  
2147 O St NW

City Washington State DC Zip Code 20037

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 22 / 2013

Transaction ID : 4632958

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Joseph Sheperd  
2 West 3rd Ave

City Johnstown State NY Zip Code 12095

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4632959

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Myrna Siegel  
1739 Vineyard Trl.

City Annapolis State MD Zip Code 21401

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 26 / 2013

Transaction ID : 4632960

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

## A. Jeanne Shaheen Contributions

Mailing Address Edward Silha  
11509 Pyreneese Dr

City Austin State TX Zip Code 78759

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

Transaction ID : 4632961

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

## B. Jeanne Shaheen Contributions

Mailing Address Loretta Simon  
24 Commonwealth Drive

City Glenmont State NY Zip Code 12077

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 08 / 2013

Transaction ID : 4632962

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

## C. Jeanne Shaheen Contributions

Mailing Address Lewis Simpson  
901 Yakima Avenue S.

City Seattle State WA Zip Code 98144

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

Transaction ID : 4632963

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]  
MEMO

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Nancy Skinner  
1724 Highland Drive

City Newport Beach State CA Zip Code 92660

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4632964**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Nancy Skinner  
1724 Highland Drive

City Newport Beach State CA Zip Code 92660

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4632965**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Prudence Skinner  
2415 34th Ave

City Sacramento State CA Zip Code 95822

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4632966**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

21b    22    23    24    25    26  
 27    28a    28b    28c    29    30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)  
**A. Jeanne Shaheen Contributions**

Mailing Address Charles Sleicher  
116 Fairview Ave N #310

City Seattle State WA Zip Code 98109

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : 4632967**

Amount of Each Disbursement this Period: 10.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)  
**B. Jeanne Shaheen Contributions**

Mailing Address Connie Sly  
970 Canyon View Drive

City La Verne State CA Zip Code 91750

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : 4632968**

Amount of Each Disbursement this Period: 50.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)  
**C. Jeanne Shaheen Contributions**

Mailing Address Rita Smalling  
4711 E Brisa Del Norte

City Tucson State AZ Zip Code 85718

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : 4632969**

Amount of Each Disbursement this Period: 5.00

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Jim Smith  
8 Burning Tree Lane

City Lawrenceville State NJ Zip Code 08648

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4632970

Amount of Each Disbursement this Period

15.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Shirley Sokolsky  
2003 N Ocean Blvd Apt 1103

City Boca Raton State FL Zip Code 33431

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 08 / 2013

Transaction ID : 4632971

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Virginia Solomon  
10972 Culver Blvd

City Culver City State CA Zip Code 90230

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4632972

Amount of Each Disbursement this Period

5.00

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Soohun Song  
22 Draper Rd

City Dover State MA Zip Code 02030

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4632973**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address George Spencer  
1835 Park Avenue

City Sycamore State IL Zip Code 60178

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4632974**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Carole Spreitzer  
5135 N. Tripp

City Chicago State IL Zip Code 60630

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4632975**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

### A. Jeanne Shaheen Contributions

Mailing Address Jutta Stange  
PO Box 90764

City San Diego State CA Zip Code 92169

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	1	3

Transaction ID : 4632976

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

### B. Jeanne Shaheen Contributions

Mailing Address David Stein  
Pacific Coast Hwy

City Laguna Beach State CA Zip Code 92651

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4632977

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

### C. Jeanne Shaheen Contributions

Mailing Address Pearl Steinberg  
3300 Darby Rd

City Haverford State PA Zip Code 19041

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	1	3

Transaction ID : 4632978

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

### A. Jeanne Shaheen Contributions

Mailing Address **Bonnie Steinbock**  
6 Croswell St.

City **Albany** State **NY** Zip Code **12206**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2013

Transaction ID : **4632979**

Amount of Each Disbursement this Period

50.00
-------

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

### B. Jeanne Shaheen Contributions

Mailing Address **William Stockton**  
458 W. 146 Street

City **New York** State **NY** Zip Code **10031**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2013

Transaction ID : **4632980**

Amount of Each Disbursement this Period

50.00
-------

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

### C. Jeanne Shaheen Contributions

Mailing Address **Barbara Stowe**  
11507 Woodstock Way

City **Reston** State **VA** Zip Code **20194**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2013

Transaction ID : **4632981**

Amount of Each Disbursement this Period

500.00
--------

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
------

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Anita Strauss  
7887 Revelle Drive

City La Jolla State CA Zip Code 92037

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2013

Transaction ID : 4632982

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Sigrid Anne Strom  
1404 NE 154th St.

City Shoreline State WA Zip Code 98155

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2013

Transaction ID : 4632983

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Phillip Stump  
3602 Sherwood Place

City Lynchburg State VA Zip Code 24503

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4632984

Amount of Each Disbursement this Period

15.00

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)  
**A. Jeanne Shaheen Contributions**

Mailing Address **Suzanne Sumrall**  
717 Willivee Dr.

City **Decatur** State **GA** Zip Code **30033**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
04 / 30 / 2013

Transaction ID : **4632985**

Amount of Each Disbursement this Period  
15.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)  
**B. Jeanne Shaheen Contributions**

Mailing Address **Barbara Swanson**  
343 Kellogg Blvd E

City **Saint Paul** State **MN** Zip Code **55101**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
04 / 30 / 2013

Transaction ID : **4632986**

Amount of Each Disbursement this Period  
25.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)  
**C. Jeanne Shaheen Contributions**

Mailing Address **Mary Tambornino**  
3851 Susan Lane

City **Mnettonka** State **MN** Zip Code **55345**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
04 / 30 / 2013

Transaction ID : **4632987**

Amount of Each Disbursement this Period  
50.00

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="checked" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Jeanne Shaheen Contributions</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2013
Mailing Address Pamela Tarr 12223 Califa Street		<b>Transaction ID : 4632988</b>
City Valley Village	State CA Zip Code 91607	
Purpose of Disbursement Candidate Contrib Earmarked	<input type="checkbox"/> Category/Type	Amount of Each Disbursement this Period 7.00
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jeanne Shaheen Contributions</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2013
Mailing Address Maria Luisa Tasayco 116 Pinehurst Ave Apt H43		<b>Transaction ID : 4632989</b>
City New York	State NY Zip Code 10033	
Purpose of Disbursement Candidate Contrib Earmarked	<input type="checkbox"/> Category/Type	Amount of Each Disbursement this Period 5.00
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>C. Jeanne Shaheen Contributions</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2013
Mailing Address Judith Taylor 255 Berry St Apt 610		<b>Transaction ID : 4632990</b>
City San Francisco	State CA Zip Code 94158	
Purpose of Disbursement Candidate Contrib Earmarked	<input type="checkbox"/> Category/Type	Amount of Each Disbursement this Period 25.00
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	3

Mailing Address Everett Taylor  
PO Box 22

Transaction ID : 4632991

City Browning State MO Zip Code 64630

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

Purpose of Disbursement  
Candidate Contrib Earmarked

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Mailing Address Kathleen Thaxton  
PO Box 334

Transaction ID : 4632992

City North Stonington State CT Zip Code 06359

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

Purpose of Disbursement  
Candidate Contrib Earmarked

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	1	3

Mailing Address Julie Timins  
20 FOOTES LN

Transaction ID : 4632993

City Morristown State NJ Zip Code 07960

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

Purpose of Disbursement  
Candidate Contrib Earmarked

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	.	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Elaina Timm  
651 East 2700 South

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

Transaction ID : 4632994

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Peter Tishler  
199 Cooldige Avenue Apt. 510

City Watertown State MA Zip Code 02472

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 08 / 2013

Transaction ID : 4632995

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Cheryl Traendly  
3008 Manning CT

City Santa Rosa State CA Zip Code 95403

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 10 / 2013

Transaction ID : 4632996

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

### A. Jeanne Shaheen Contributions

Mailing Address Alice Trexler  
48 Spy Pond Ln

City Arlington State MA Zip Code 02474

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	3

Transaction ID : 4632997

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

### B. Jeanne Shaheen Contributions

Mailing Address Kelly Trippe  
4107 Maryland Avenue

City Bethesda State MD Zip Code 20816

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4632998

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

### C. Jeanne Shaheen Contributions

Mailing Address Judith Troestler  
P.O. Box 370306

City Milwaukee State WI Zip Code 53237

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4632999

Amount of Each Disbursement this Period

1	0	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Peter Trotman  
180 Turn Of River Road

City State Zip Code  
Stamford CT 06905

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4633000**

Amount of Each Disbursement this Period

25.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address William Tucci  
150 Charles Wade Lane

City State Zip Code  
Henderson NC 27537

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4633001**

Amount of Each Disbursement this Period

10.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Steve Turner  
P. O. Box 92380

City State Zip Code  
Anchorage AK 99509

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 08 / 2013

**Transaction ID : 4633002**

Amount of Each Disbursement this Period

25.00

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address William Tyler  
P.O. Box 1929

City Aptos State CA Zip Code 95001

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4633003**

Amount of Each Disbursement this Period

10.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Susan Vankuiken  
1524 McAllister St

City Sanfrancisco State CA Zip Code 94115

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2013

**Transaction ID : 4633004**

Amount of Each Disbursement this Period

20.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Lynda Vibrock  
5220 Wesleyan St., Apt. C-306

City Houston State TX Zip Code 77005

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4633005**

Amount of Each Disbursement this Period

15.00

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Patricia Wang  
4289 Perna Lane

City Iron Station State NC Zip Code 28080

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		1	0		2	0	1	3		

**Transaction ID : 4633006**

Amount of Each Disbursement this Period

2	0	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Sally Warren  
3710 Armstrong Avenue

City Dallas State TX Zip Code 75205

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		3	0		2	0	1	3		

**Transaction ID : 4633007**

Amount of Each Disbursement this Period

1	0	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Claudia Wasik  
1315 Kingwood St.

City Ypsilanti State MI Zip Code 48197

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		1	9		2	0	1	3		

**Transaction ID : 4633008**

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	.	0	0
---	---	---	---

0	.	0	0
---	---	---	---

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

## A. Jeanne Shaheen Contributions

Mailing Address Eleanor Watson  
PO Box 291

City Limerick State ME Zip Code 04048

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 22 / 2013

Transaction ID : 4633009

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

## B. Jeanne Shaheen Contributions

Mailing Address Margaret Weber-Levine  
373 Sargent Dr. SE

City Atlanta State GA Zip Code 30315

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2013

Transaction ID : 4633010

Amount of Each Disbursement this Period

75.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

## C. Jeanne Shaheen Contributions

Mailing Address Ann Weigl  
109 Edgewood Ln

City Oxford State WI Zip Code 53952

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

Transaction ID : 4633011

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]  
MEMO

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Jane West  
15 Sunset Rdg

City Deep River State CT Zip Code 06417

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2013

**Transaction ID : 4633012**

Amount of Each Disbursement this Period

50.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Doris Wheaton  
222 Proctor Avenue

City Odgensburg State NY Zip Code 13669

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 23 / 2013

**Transaction ID : 4633013**

Amount of Each Disbursement this Period

20.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Lynn Wheeler  
7435 Sw 54Th Ave

City Miami State FL Zip Code 33143

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4633014**

Amount of Each Disbursement this Period

10.00

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Linda Whitlock  
30 Saxon Road

City Newton State MA Zip Code 02461

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633015**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Laura Whitney  
4322 Melody Ln Apt 211

City Madison State WI Zip Code 53704

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	1	3

**Transaction ID : 4633016**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Christine Widaman  
2420 Vista Del Sol

City La Verne State CA Zip Code 91750

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633017**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0	0	0	0	0	0	0

0	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Norris Williams  
2430 NW 38th St

City Gainesville State FL Zip Code 32605

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 08 / 2013

**Transaction ID : 4633018**

Amount of Each Disbursement this Period

50.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Mary Williams  
264 Ivy Glen Cr

City Avondale Estates State GA Zip Code 30002

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 08 / 2013

**Transaction ID : 4633019**

Amount of Each Disbursement this Period

20.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Darla Wilson  
2534 Berwyn Road

City Wilmington State DE Zip Code 19810

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 29 / 2013

**Transaction ID : 4633020**

Amount of Each Disbursement this Period

10.00

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Marie Woo  
6666 Bloomfield Ln

City West Bloomfield State MI Zip Code 48322

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	08	/	2013

Transaction ID : 4633021

Amount of Each Disbursement this Period

50.00
-------

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Christine Wood  
2209 Oakridge Ave

City Madison State WI Zip Code 53704

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	30	/	2013

Transaction ID : 4633022

Amount of Each Disbursement this Period

50.00
-------

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Julia Woogen  
2824 Waters Edge Circle

City West Palm Beach State FL Zip Code 33413

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	30	/	2013

Transaction ID : 4633023

Amount of Each Disbursement this Period

10.00
-------

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
------

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Elizabeth Woolner  
1601 9th Ave NE

City Rochester State MN Zip Code 55906

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4633024**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Mary Woolsey  
1184 Keeler Ave

City Berkeley State CA Zip Code 94708

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4633025**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Yvonne Wootten  
7117 Huron Ave

City Lexington State MI Zip Code 48450

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4633026**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Jeanne Shaheen Contributions**

Mailing Address Kristi Yore  
2933 W. Vina Del Mar Blvd.

City St. Pete Beach State FL Zip Code 33706

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633027

Amount of Each Disbursement this Period

1	0	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Jeanne Shaheen Contributions**

Mailing Address Ronald Young  
1763 Sunnysdale Ave.

City Simi Valley State CA Zip Code 93065

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	3

Transaction ID : 4633028

Amount of Each Disbursement this Period

1	0	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Jeanne Shaheen Contributions**

Mailing Address Janet Young  
7 Sunset Ln

City Hancock State NH Zip Code 03449

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633029

Amount of Each Disbursement this Period

1	5	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

**A. Jeanne Shaheen Contributions**

Full Name (Last, First, Middle Initial)

Mailing Address Marie Zawatzky  
2639 S. Wilbur

City Walla Walla State WA Zip Code 99362

Purpose of Disbursement Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 08 / 2013

Transaction ID : **4633030**

Amount of Each Disbursement this Period: 50.00

[MEMO ITEM]  
MEMO

**B. Jeanne Shaheen Contributions**

Full Name (Last, First, Middle Initial)

Mailing Address Natalie Zuckerman  
1695 Judy Lane Ext

City STANLEY State VA Zip Code 22851

Purpose of Disbursement Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 08 / 2013

Transaction ID : **4633031**

Amount of Each Disbursement this Period: 50.00

[MEMO ITEM]  
MEMO

**C. Jeanne Shaheen Contributions**

Full Name (Last, First, Middle Initial)

Mailing Address Lewis Zuelow  
7 Libra Dr.

City Novato State CA Zip Code 94947

Purpose of Disbursement Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 30 / 2013

Transaction ID : **4633032**

Amount of Each Disbursement this Period: 100.00

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Carla Aamodt  
3008 W 51st Street

City Westwood State KS Zip Code 66205

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633033**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Brooke Adams  
3301 Foxridge Rd.

City Charlotte State NC Zip Code 28226

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633034**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Marlene Adams  
7921 Holm Oak Lane

City Raleigh State NC Zip Code 27613

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633035**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0	0	0	0	0	0	0

0	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Herant Akmajian  
3034 E 6th St

City Tucson State AZ Zip Code 85716

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	1	3

**Transaction ID : 4633036**

Amount of Each Disbursement this Period

5	0	0	0
---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Amy Alexander  
1717 Mott-Smith Dr.

City Honolulu State HI Zip Code 96822

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633037**

Amount of Each Disbursement this Period

5	0	0	0
---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Barbara Anagnostelis  
18 Teakwood Place

City The Woodlands State TX Zip Code 77384

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633038**

Amount of Each Disbursement this Period

1	0	0	0
---	---	---	---

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0
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0	0	0	0
---	---	---	---



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Steve Anderson  
720 Roanoake Court

City Naperville State IL Zip Code 60565

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633039**

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Patricia Anderson  
220 Sherman St NW

City Olympia State WA Zip Code 98502

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633040**

Amount of Each Disbursement this Period

7	5	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Susan Ardis  
8100 Bearcreek

City Austin State TX Zip Code 78737

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633041**

Amount of Each Disbursement this Period

1	0	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Margaret Arthur  
711 West Smith Street

City Orlando State FL Zip Code 32804

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : 4633042

Amount of Each Disbursement this Period

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address William Atkins  
2112 Crossmeadow Lane

City Brookeville State MD Zip Code 20833

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : 4633043

Amount of Each Disbursement this Period

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Bob Atwood  
248 Boulder Cr Dr#8

City Redding State CA Zip Code 96003

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : 4633044

Amount of Each Disbursement this Period

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Jane Audrey-Neuhauser  
5 Oak Ridge Dr. #7

City Maynard State MA Zip Code 01754

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633045

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Gerald Bakker  
12785 Wilderness Trail

City Grand Haven State MI Zip Code 49417

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633046

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Annette Bakstran  
PO Box 96

City Berlin State MA Zip Code 01503

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	1	3

Transaction ID : 4633047

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Jean Balgrosky Hinshaw  
400 West Ocean View Ave

City Del Mar State CA Zip Code 92014

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4633048**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Cecile Banner  
P.O. Box 427

City Port Royal State SC Zip Code 29935

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4633049**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Marsha Barton  
6807 164TH PL SW

City Edmonds State WA Zip Code 98026

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4633050**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address **Joan Baumgartner**  
5996 Wausaukee Rd

City **West Bend** State **WI** Zip Code **53095**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633051**

Amount of Each Disbursement this Period

3	3	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address **Barbara Beaver**  
198 Beacon Hill Rd

City **Califon** State **NJ** Zip Code **07830**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	3

**Transaction ID : 4633052**

Amount of Each Disbursement this Period

2	0	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address **Lisa Belsky**  
140 Cabrini Blvd.

City **New York** State **NY** Zip Code **10033**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633053**

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Jean Berggren  
308 South Winooski Ave #2

City Burlington State VT Zip Code 05401

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633054**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Betty Bernstein  
204 W Poplar Ave

City San Mateo State CA Zip Code 94402

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	1	3

**Transaction ID : 4633055**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Lieselotte Betterman  
1506 W Willow Ln

City Mount Prospect State IL Zip Code 60056

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	1	3

**Transaction ID : 4633056**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0	0	0	0	0	0	0

0	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Joan Beverstock  
8243 E. Sierra Pinta Drive

City Scottsdale State AZ Zip Code 85255

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633057**

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Marjorie Bicking  
2407 Hamond Pl

City Wilmington State DE Zip Code 19808

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633058**

Amount of Each Disbursement this Period

1	0	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address James Blair  
610 Walnut

City Burlington State IA Zip Code 52601

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633059**

Amount of Each Disbursement this Period

4	0	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Kay Hagan Contributions</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2013
Mailing Address Robert Block 34 McIntosh Ln		<b>Transaction ID : 4633060</b>
City Bennington	State VT Zip Code 05201	
Purpose of Disbursement Candidate Contrib Earmarked	Category/Type	Amount of Each Disbursement this Period 100.00
Candidate Name		[MEMO ITEM] MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kay Hagan Contributions</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2013
Mailing Address Roberta Blumberg 7920 Sutcliffe Dr		<b>Transaction ID : 4633061</b>
City Raleigh	State NC Zip Code 27613	
Purpose of Disbursement Candidate Contrib Earmarked	Category/Type	Amount of Each Disbursement this Period 5.00
Candidate Name		[MEMO ITEM] MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Kay Hagan Contributions</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2013
Mailing Address Diane Blumson 1210 Henry Street		<b>Transaction ID : 4633062</b>
City Ann Arbor	State MI Zip Code 48104	
Purpose of Disbursement Candidate Contrib Earmarked	Category/Type	Amount of Each Disbursement this Period 10.00
Candidate Name		[MEMO ITEM] MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Janet Borchers  
17377 Surrey Ct.

City Meadow Vista State CA Zip Code 95722

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4633063**

Amount of Each Disbursement this Period

5.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Martha Boyd  
2608 Fiset Drive

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4633064**

Amount of Each Disbursement this Period

10.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Vero Brentjens  
138 Bayview Trail

City Edenton State NC Zip Code 27932

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4633065**

Amount of Each Disbursement this Period

15.00

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address David Brewer  
923 N. Vassar

City Wichita State KS Zip Code 67208

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4633066**

Amount of Each Disbursement this Period

20.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Kay Briggs  
149 Anna Lane

City Berryville State VA Zip Code 22611

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4633067**

Amount of Each Disbursement this Period

10.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Rita Brooks  
7106 Lakewood Blvd.

City Dallas State TX Zip Code 75214

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4633068**

Amount of Each Disbursement this Period

10.00

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Michael Brownlee  
300 East 71st Street

City New York State NY Zip Code 10021

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633069

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Anne Burling  
18 Brown St

City Cambridge State MA Zip Code 02138

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	3

Transaction ID : 4633070

Amount of Each Disbursement this Period

1	0	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Joan Burstyn  
216 Bradford Pkwy

City Syracuse State NY Zip Code 13224

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633071

Amount of Each Disbursement this Period

3	0	.	0	0
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[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
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0	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address James Buxton  
25 Sandhill Road

City Orinda State CA Zip Code 94563

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633072

Amount of Each Disbursement this Period

1	0	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Rebecca Calvert  
PO Box 2019

City Ranchos De Taos State NM Zip Code 87557

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633073

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Margaret Cannon  
548b Beach Road

City Sarasota State FL Zip Code 34242

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633074

Amount of Each Disbursement this Period

1	5	.	0	0
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[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Susan Cappa  
5517 Ventnor Lane

City Springfield State VA Zip Code 22151

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633075

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Leonard Carrier  
26 Stonebridge Drive

City Asheville State NC Zip Code 28805

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633076

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Louise Carvey  
3601 Overton Park DR E

City Fort Worth State TX Zip Code 76109

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	3

Transaction ID : 4633077

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0	0	0	0	0	0	0

0	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Marie Cas  
3852 Ambassador Dr

City State Zip Code  
Palm Harbor FL 34685

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		10		2013

**Transaction ID : 4633078**

Amount of Each Disbursement this Period

50.00
-------

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Linda Castle  
18331 Roehampton Dr

City State Zip Code  
Dallas TX 75252

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		10		2013

**Transaction ID : 4633079**

Amount of Each Disbursement this Period

5.00
------

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Elizabeth Cerny  
7728 Williams St.

City State Zip Code  
Downers Grove IL 60516

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2013

**Transaction ID : 4633080**

Amount of Each Disbursement this Period

5.00
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**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Luis Cerra  
30 West 60 Street

City New York State NY Zip Code 10023

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633081**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
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**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Lois Chaffee  
248 East 7th Street

City New York State NY Zip Code 10009

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	1	3

**Transaction ID : 4633082**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Anne Chalfant  
1908 Del Monte Court

City Walnut Creek State CA Zip Code 94595

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633083**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Christopher Chambers  
437 Irving St NW

City Washington State DC Zip Code 20010

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633084**

Amount of Each Disbursement this Period

1	0	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Fay Chandler  
444 Western Avenue # 4

City Brighton State MA Zip Code 02135

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633085**

Amount of Each Disbursement this Period

1	0	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Holly Childs  
1126 Reed Valley Rd

City Fayetteville State AR Zip Code 72704

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	3

**Transaction ID : 4633086**

Amount of Each Disbursement this Period

3	0	.	0	0
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**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
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0	0	.	0	0
---	---	---	---	---



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address David Chittenden  
14 Underhill Rd

City Mill Valley State CA Zip Code 94941

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

Transaction ID : 4633087

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Ross Chomiak  
4000 Cathedral Ave NW

City Washington State DC Zip Code 20016

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

Transaction ID : 4633088

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Jean Christensen  
1465 S 2nd St

City Louisville State KY Zip Code 40208

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

Transaction ID : 4633089

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Madra Christian  
295 Spring Lake Hills Dr

City Altamonte Springs State FL Zip Code 32714

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4633090

Amount of Each Disbursement this Period

15.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Christine Coffin  
265 Hilltop Drive

City Hamilton State MT Zip Code 59840

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4633091

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address David Coogan  
2599 Dolly Bay Dr

City Palm Harbor State FL Zip Code 34684

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4633092

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Kathy Coombs  
4528 Intelco Loop SE, #160

City Lacey State WA Zip Code 98503

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 08 / 2013

**Transaction ID : 4633093**

Amount of Each Disbursement this Period

50.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Laura Cory  
1664 Emerson Street

City Palo Alto State CA Zip Code 94301

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4633094**

Amount of Each Disbursement this Period

25.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Ann Coulston  
1603 City Lights St.

City Santa Fe State NM Zip Code 87507

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4633095**

Amount of Each Disbursement this Period

50.00

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address **Bernard Couming  
32 Camelot Ct**

City **Stoughton** State **MA** Zip Code **02072**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633096**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address **Mike Crossman  
205 Sunset**

City **Sedona** State **AZ** Zip Code **86336**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633097**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address **Edwin Curley  
2645 Pin Oak Drive**

City **Ann Arbor** State **MI** Zip Code **48103**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633098**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Arlene Dalton  
2112 February Ct

City San Diego State CA Zip Code 92110

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633099

Amount of Each Disbursement this Period

8	.	0	0
---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Kathleen Dashiell  
27035 N, 56th St.

City Scottsdale State AZ Zip Code 85266

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633100

Amount of Each Disbursement this Period

5	.	0	0
---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Annick Davies  
558 East Wesley Rd

City Atlanta State GA Zip Code 30305

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633101

Amount of Each Disbursement this Period

2	0	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	.	0	0
---	---	---	---

0	.	0	0
---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Russell Davis  
1432 Ballindee Dr

City Salisbury State MD Zip Code 21804

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4633102**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Katie Day  
7318 Boyer St.

City Philadelphia State PA Zip Code 19119

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4633103**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Lois Decamp  
1416 Olympic Ave

City Edmonds State WA Zip Code 98020

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4633104**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Edgar Demeo  
2791 Emerson Street

City Palo Alto State CA Zip Code 94306

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633105

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Dorothy Dey  
W330s3910 Connemara Drive

City Dousman State WI Zip Code 53118

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633106

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address David Dickmann  
1055 Lafayette Street

City Denver State CO Zip Code 80218

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633107

Amount of Each Disbursement this Period

1	5	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address **Ronald Dobbin**  
105 Stateside Drive

City **Chapel Hill** State **NC** Zip Code **27514**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633108**

Amount of Each Disbursement this Period

2	0	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address **Robert Doll**  
P. O. Box 1704

City **Bellingham** State **WA** Zip Code **98227**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633109**

Amount of Each Disbursement this Period

1	1	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address **Julia Dominian**  
3113 Florence Dr.

City **Latham** State **NY** Zip Code **12110**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	1	3

**Transaction ID : 4633110**

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---



### SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	<b>FOR LINE NUMBER:</b> (check only one)	PAGE 1193 OF 1350
<input type="checkbox"/> 21b <input type="checkbox"/> 22 <input checked="" type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input type="checkbox"/> 29 <input type="checkbox"/> 30b		

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**NAME OF COMMITTEE (In Full)**  
**EMILY's List**

**A. Kay Hagan Contributions**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address Janet Dorman  
 300 West 108th Street, 6a

City New York State NY Zip Code 10025

Purpose of Disbursement Candidate Contrib Earmarked

Candidate Name \_\_\_\_\_

Office Sought:  House  Senate  President  
 State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 4633111**

Amount of Each Disbursement this Period 20.00

**[MEMO ITEM]**  
MEMO

**B. Kay Hagan Contributions**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address Eugenie Douglas  
 8338 Verbena Dr.

City Riverside State CA Zip Code 92504

Purpose of Disbursement Candidate Contrib Earmarked

Candidate Name \_\_\_\_\_

Office Sought:  House  Senate  President  
 State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y  
 04 / 12 / 2013

**Transaction ID : 4633112**

Amount of Each Disbursement this Period 50.00

**[MEMO ITEM]**  
MEMO

**C. Kay Hagan Contributions**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address Philip Drumm  
 427crooks av.B17

City PATERSON State NJ Zip Code 07503

Purpose of Disbursement Candidate Contrib Earmarked

Candidate Name \_\_\_\_\_

Office Sought:  House  Senate  President  
 State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : 4633113**

Amount of Each Disbursement this Period 5.00

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address **Cherry Duve**  
452 Thomas Lane

City **Grand Blanc** State **MI** Zip Code **48439**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	3

**Transaction ID : 4633114**

Amount of Each Disbursement this Period

1	7	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address **Anne Ehrlich**  
371 Serra Mall

City **Stanford** State **CA** Zip Code **94305**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	1	3

**Transaction ID : 4633115**

Amount of Each Disbursement this Period

7	5	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address **Dan Elder**  
2614 Robinson St.

City **Redondo Beach** State **CA** Zip Code **90278**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633116**

Amount of Each Disbursement this Period

1	5	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Elizabeth Eliades  
8 Kirk Terrace

City Wayne State NJ Zip Code 07470

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633117

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Sherrill Ellis  
7 West Park Ave

City New Haven State CT Zip Code 06511

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	3

Transaction ID : 4633118

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Dorothy Engelman  
875 Rio Virgin Dr

City St. George State UT Zip Code 84790

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633119

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address **Andrea English**  
4724 Shade Tree Ln.

City **Santa Rosa** State **CA** Zip Code **95405**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633120**

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address **Karen Everhart**  
4706 Cromwell Ct NW

City **Acworth** State **GA** Zip Code **30102**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633121**

Amount of Each Disbursement this Period

1	0	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address **Joyce Faber**  
1220 Cypress Point Ln

City **Ventura** State **CA** Zip Code **93003**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	1	3

**Transaction ID : 4633122**

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address **Lawrence Fallon**  
3810 Executive Ave

City **Alexandria** State **VA** Zip Code **22305**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4633123**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address **Carole Ferguson**  
43 Hancock Street

City **Lexington** State **MA** Zip Code **02420**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4633124**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address **Michael Feroah**  
1234 Plaza Del Monte

City **Santa Barbara** State **CA** Zip Code **93101**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4633125**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Kathy Filatreau  
10832 Glencannon Drive

City Whittier State CA Zip Code 90606

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

Transaction ID : **4633126**

Amount of Each Disbursement this Period

10.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Frank Filippi  
1048-59th Street

City Brooklyn State NY Zip Code 11219

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

Transaction ID : **4633127**

Amount of Each Disbursement this Period

25.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Catherine Finn  
2761 James River Rd

City Howardsville State VA Zip Code 24562

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

Transaction ID : **4633128**

Amount of Each Disbursement this Period

100.00

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Jacqueline Fischer  
15205 Watergate Rd

City Silver Spring State MD Zip Code 20905

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : 4633129

Amount of Each Disbursement this Period

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Helen Fischer  
2110 Eaglerock Dr.

City Houston State TX Zip Code 77080

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : 4633130

Amount of Each Disbursement this Period

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Margaret Fishman  
3562 Macomb St., NW

City Washington State DC Zip Code 20016

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : 4633131

Amount of Each Disbursement this Period

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Jessica Fishman  
439 S. 44th St

City Phila State PA Zip Code 19104

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

Transaction ID : 4633132

Amount of Each Disbursement this Period

50.00
-------

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Douglas Fitzgerald  
2362 Ga Hwy 26 W

City Oglethorpe State GA Zip Code 31068

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

Transaction ID : 4633133

Amount of Each Disbursement this Period

5.00
------

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Jan Flora  
1902 George Allen Ave.

City Ames State IA Zip Code 50010

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

Transaction ID : 4633134

Amount of Each Disbursement this Period

50.00
-------

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

0.00
------

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Helen Fosdick  
5015 Blossom St.

City Houston State TX Zip Code 77007

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633135

Amount of Each Disbursement this Period

6	.	0	0
---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Anna Kay France  
27 Brantford Place

City Buffalo State NY Zip Code 14222

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633136

Amount of Each Disbursement this Period

1	5	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Sandi Freinberg  
128 Greenmeadow Drive

City Deer Park State NY Zip Code 11729

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633137

Amount of Each Disbursement this Period

1	5	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	.	0	0
---	---	---	---

0	.	0	0
---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Janet Frost  
136 W 24th Ave

City Spokane State WA Zip Code 99203

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4633138**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Irna Gadd  
305 E. 24 St. - 9A

City New York State NY Zip Code 10010

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4633139**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Judith Galloway  
15715 River Road

City Darnestown State MD Zip Code 20874

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4633140**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

### A. Kay Hagan Contributions

Mailing Address Judith Gans  
3631 E Roger Rd

City Tucson State AZ Zip Code 85718

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2013

Transaction ID : 4633141

Amount of Each Disbursement this Period

200.00
--------

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

### B. Kay Hagan Contributions

Mailing Address Grace Garcia  
4330 Bull Creek Rd. #3105

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2013

Transaction ID : 4633142

Amount of Each Disbursement this Period

50.00
-------

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

### C. Kay Hagan Contributions

Mailing Address Joi Gibson  
4641 Perth Road

City West Palm Beach State FL Zip Code 33415

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2013

Transaction ID : 4633143

Amount of Each Disbursement this Period

5.00
------

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
------

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Robert Gibson  
5009 Prestwick Dr.

City Fairfax State VA Zip Code 22030

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

Transaction ID : 4633144

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Betty Giffin  
3505 Lakeview Dr Apt. 209

City Hazel Crst State IL Zip Code 60429

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 08 / 2013

Transaction ID : 4633145

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Kenneth Gladden  
1425 Broadway

City Seattle State WA Zip Code 98122

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

Transaction ID : 4633146

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Nancy Goldstein  
1312 N Leavitt #3

City Chicago State IL Zip Code 60622

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	3

Transaction ID : 4633147

Amount of Each Disbursement this Period

1	2	0	0
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[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Dale Goldstein  
50 Constable Lane

City Levittown State NY Zip Code 11756

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633148

Amount of Each Disbursement this Period

5	0	0	0
---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Anne Goldstein  
Po Box 920

City Belchertown State MA Zip Code 01007

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	3

Transaction ID : 4633149

Amount of Each Disbursement this Period

5	0	0	0
---	---	---	---

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0
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0	0	0	0
---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address William Gorman  
5555 Sheridan Rd

City Chicago State IL Zip Code 60640

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : 4633150**

Amount of Each Disbursement this Period

10.00
-------

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Joan Gotti  
17 Robin Road

City Rumson State NJ Zip Code 07760

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : 4633151**

Amount of Each Disbursement this Period

15.00
-------

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Patricia Gotway  
5225 N New Jersey St

City Indianapolis State IN Zip Code 46220

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : 4633152**

Amount of Each Disbursement this Period

8.00
------

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Lee Grace  
168 Huntley Road

City Buffalo State NY Zip Code 14215

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	3

Transaction ID : 4633153

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Sharon Grant  
300 Columbia Point Drive, #H-131

City Richland State WA Zip Code 99352

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	1	3

Transaction ID : 4633154

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Susan Gray  
69 Lincoln Ave

City Hastings On Hudson State NY Zip Code 10706

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633155

Amount of Each Disbursement this Period

1	6	0	0	0	0	0	0	0	0
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[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0	0	0	0	0	0	0
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0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Margaret Grubbs  
1382 Newtown Langhorne Rd.

City Newtown State PA Zip Code 18940

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 18 / 2013

Transaction ID : 4633156

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address George Grunwald  
1196 Grove Circle

City Benicia State CA Zip Code 94510

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4633157

Amount of Each Disbursement this Period

16.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Mary Haak  
9903 E. Sunburst Drive

City Sun Lakes State AZ Zip Code 85248

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4633158

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Francy Hall  
557 Ridge Rd.

City Owatonna State MN Zip Code 55060

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4633159

Amount of Each Disbursement this Period

15.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Lesley Hallick  
52142 Lake Dr.

City Scappoose State OR Zip Code 97056

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4633160

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Paul Hamburg  
90 Risley Road

City Chestnut Hill State MA Zip Code 02467

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4633161

Amount of Each Disbursement this Period

5.00

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Patricia Hanan  
19 Benjamin Hill Rd

City Newfield State NY Zip Code 14867

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633162

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Frederick Handrich  
14 Puesta Del Sol

City Placitas State NM Zip Code 87043

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633163

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Susan Harvey  
43 Sudbury Rd

City Ashland State MA Zip Code 01721

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	1	3

Transaction ID : 4633164

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address **Laura Haule**  
30702 McCormick Ln

City **Warrenville** State **IL** Zip Code **60555**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633165**

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address **Nancy Hay**  
341 Harbor View Avenue

City **Pismo Beach** State **CA** Zip Code **93449**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633166**

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address **Nancy Hay**  
341 Harbor View Avenue

City **Pismo Beach** State **CA** Zip Code **93449**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633167**

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address **Andrea Hazlitt**  
110 Wedgewood

City **Lake Jackson** State **TX** Zip Code **77566**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4633168**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address **Lindsey Hedrick**  
150 OceanGreens Lane

City **Caswell Beach** State **NC** Zip Code **28465**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4633169**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address **Anna Helisek**  
20 Devon Blvd.

City **Binghamton** State **NY** Zip Code **13903**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4633170**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address **Bill Helwig**  
10801 Lagrima De Oro Rd NE

City **Albuquerque** State **NM** Zip Code **87111**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633171**

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address **William Henderson**  
2908 Green Grove Ln NE

City **Tuscaloosa** State **AL** Zip Code **35404**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633172**

Amount of Each Disbursement this Period

1	0	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address **Ann Hendrie**  
2 Warren's Point Rd.

City **Little Compton** State **RI** Zip Code **02837**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633173**

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Peter Heymann  
280 Maiden Lane E

City Seattle State WA Zip Code 98112

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4633174

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Theodora Hill  
95 Skidaway Island Park Rd.

City Savannah State GA Zip Code 31411

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4633175

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Debbie Hill  
176 West King St.

City Hillsborough State NC Zip Code 27278

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4633176

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Stanley Hills  
5001 SW 65 Ave

City Miami State FL Zip Code 33155

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633177

Amount of Each Disbursement this Period

2	0	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Maria Hobbs  
30 Mount Tenaya DR

City San Rafael State CA Zip Code 94903

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	1	3

Transaction ID : 4633178

Amount of Each Disbursement this Period

3	0	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Kathleen Hoffmann  
6506 Mebane Oaks Rd

City Mebane State NC Zip Code 27302

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633179

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Meredith Holley-Miers  
635 Emerson St NW

City Washington State DC Zip Code 20011

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4633180**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Sarah Hood  
400 Duboce Ave #415

City San Francisco State CA Zip Code 94117

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4633181**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Sarah Hood  
400 Duboce Ave #415

City San Francisco State CA Zip Code 94117

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4633182**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Sarah Hood  
400 Duboce Ave #415

City San Francisco State CA Zip Code 94117

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 08 / 2013

**Transaction ID : 4633183**

Amount of Each Disbursement this Period

10.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Leslie Horst  
41 Hall Avenue

City Watertown State MA Zip Code 02472

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4633184**

Amount of Each Disbursement this Period

5.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Dana Howell  
Box 1003

City Ketchum State ID Zip Code 83340

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4633185**

Amount of Each Disbursement this Period

25.00

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

### A. Kay Hagan Contributions

Mailing Address **Thomas Hungerford**  
946 Chesterfield Villas Cir

City **Chesterfield** State **MO** Zip Code **63017**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	1	3

Transaction ID : **4633186**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

### B. Kay Hagan Contributions

Mailing Address **Betty Hunt**  
117 Shadylane Court

City **Roseville** State **CA** Zip Code **95747**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	3

Transaction ID : **4633187**

Amount of Each Disbursement this Period

3	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

### C. Kay Hagan Contributions

Mailing Address **Amy Isseroff**  
15 Lewis Rd

City **Irvington** State **NY** Zip Code **10533**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : **4633188**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Cynthia Jackson  
7019 Corte Rosa

City Pleasanton State CA Zip Code 94566

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633189

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Deanna Jancsek  
1645 Kearney Drive

City North Brunswick State NJ Zip Code 08902

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633190

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Anita Jensen  
8526 Alexis DR

City Macedonia State OH Zip Code 44056

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633191

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

EMILY's List

Full Name (Last, First, Middle Initial)

### A. Kay Hagan Contributions

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			3	0			2	0	1	3		

Mailing Address Robert Johnson  
PO Box 2497

City charlottesville State VA Zip Code 22902

Transaction ID : 4633192

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

Purpose of Disbursement  
Candidate Contrib Earmarked

Category/Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

[MEMO ITEM]  
MEMO

State: District:

Full Name (Last, First, Middle Initial)

### B. Kay Hagan Contributions

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	6			2	0	1	3		

Mailing Address Joan Johnson  
4109 Pecunnie Way

City Louisville State KY Zip Code 40218

Transaction ID : 4633193

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

Purpose of Disbursement  
Candidate Contrib Earmarked

Category/Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

[MEMO ITEM]  
MEMO

State: District:

Full Name (Last, First, Middle Initial)

### C. Kay Hagan Contributions

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			3	0			2	0	1	3		

Mailing Address Susan Jones  
360 Edgemere Place

City Oberlin State OH Zip Code 44074

Transaction ID : 4633194

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

Purpose of Disbursement  
Candidate Contrib Earmarked

Category/Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

[MEMO ITEM]  
MEMO

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Paul Joy  
5108 Syracuse Rd.

City Cheyenne State WY Zip Code 82009

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633195

Amount of Each Disbursement this Period

1	5	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Judith Joyce  
146 1/2 Garden St

City Prescott State AZ Zip Code 86305

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633196

Amount of Each Disbursement this Period

5	.	0	0
---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Steven Jung  
91 Coastline Drive

City Olga State WA Zip Code 98279

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633197

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	.	0	0
---	---	---	---

0	.	0	0
---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Jeannette Kahlenberg  
900 University St Apt 903

City Seattle State WA Zip Code 98101

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : 4633198

Amount of Each Disbursement this Period

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Joyce Kaiser  
2 Grove Isle Dr Apt 1809

City Coconut Grove State FL Zip Code 33133

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : 4633199

Amount of Each Disbursement this Period

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Daniel Kasper  
PO Box 111

City West Stockbridge State MA Zip Code 01266

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : 4633200

Amount of Each Disbursement this Period

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address **Dreama Kattenbraker**  
PO Box 126

City **Fincastle** State **VA** Zip Code **24090**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4633201**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address **Cecily Keating**  
150 West 79th Street, Apt. 8D

City **New York** State **NY** Zip Code **10024**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4633202**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address **Marilyn Kelley**  
2608 Butler Drive

City **Norman** State **OK** Zip Code **73069**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4633203**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Amy Kesselman  
107 Nash Street

City New Haven State CT Zip Code 06511

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 08 / 2013

**Transaction ID : 4633204**

Amount of Each Disbursement this Period

25.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Lesley Ketzler  
4407 Quail Pointe RD

City Lawrence State KS Zip Code 66047

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 22 / 2013

**Transaction ID : 4633205**

Amount of Each Disbursement this Period

50.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Charlotte Kiffer  
1420 N Mweridian Rd #106

City Tallahassee State FL Zip Code 32303

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4633206**

Amount of Each Disbursement this Period

7.00

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Virginia King  
1281 Bel Air Dr

City Santa Barbara State CA Zip Code 93105

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	1	3

Transaction ID : 4633207

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Verla Kwiram  
825 NW 197th St

City Shoreline State WA Zip Code 98177

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633208

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Ann Larimore  
916 Olivia Ave

City Ann Arbor State MI Zip Code 48104

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	1	3

Transaction ID : 4633209

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Sue Larsen  
194 Edgewood DR

City Averill Park State NY Zip Code 12018

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 08 / 2013

Transaction ID : 4633210

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Lannon Leiman  
1 Twain Ave.

City Berkeley State CA Zip Code 94708

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 30 / 2013

Transaction ID : 4633211

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Barbara Leitner  
7126 W Adler St

City Milwaukee State WI Zip Code 53214

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 19 / 2013

Transaction ID : 4633212

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Margaret Lewis  
756 Harbor IS

City Clearwater State FL Zip Code 33767

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2013

**Transaction ID : 4633213**

Amount of Each Disbursement this Period

100.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address David Lilienthal  
1796 Main Street

City East Dennis State MA Zip Code 02641

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4633214**

Amount of Each Disbursement this Period

25.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Gregory Lines  
171 West St

City Saint Helens State OR Zip Code 97051

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 29 / 2013

**Transaction ID : 4633215**

Amount of Each Disbursement this Period

100.00

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Melissa Little  
6300 Creedmoor Rd., Ste 170, #

City Raleigh State NC Zip Code 27612

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633216**

Amount of Each Disbursement this Period

3	3	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Katherine Lobach  
238 Kensington Oval

City New Rochelle State NY Zip Code 10805

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	1	3

**Transaction ID : 4633217**

Amount of Each Disbursement this Period

1	0	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Jakob Loewenberg  
4336 N Sheffield

City Shorewood State WI Zip Code 53211

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	1	3

**Transaction ID : 4633218**

Amount of Each Disbursement this Period

2	0	.	0	0
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**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Celeste Loft  
258 New York Avenue

City Brooklyn State NY Zip Code 11216

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4633219**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Kym Long-Wallace  
108 Sugar Mill Court

City Summerville State NC Zip Code 29485

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4633220**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address John Lorand  
1351 Tomah Dr

City Mount Pleasant State MI Zip Code 48858

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4633221**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Julie Lowenberg  
5321 Drane Drive

City Dallas State TX Zip Code 75209

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	08	/	2013

Transaction ID : 4633222

Amount of Each Disbursement this Period

50.00
-------

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Paula Lynch  
20 Newell Road

City Cranston State RI Zip Code 02910

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	30	/	2013

Transaction ID : 4633223

Amount of Each Disbursement this Period

25.00
-------

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Jane Maddock  
P.O, Box 1386

City Dillon State MT Zip Code 59725

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	30	/	2013

Transaction ID : 4633224

Amount of Each Disbursement this Period

5.00
------

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
------

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Allen Magruder  
10636 Arundel Avenue

City Las Vegas State NV Zip Code 89135

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633225

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Rose Manak  
1316 W Fargo Ave

City Chicago State IL Zip Code 60626

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	1	3

Transaction ID : 4633226

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Doris Manock  
1045 E. Swift Avenue

City Fresno State CA Zip Code 93704

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	1	3

Transaction ID : 4633227

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Linda Marion  
556 Kingsley Ave

City Palo Alto State CA Zip Code 94301

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633228**

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Vicki Marshall  
135 W Hines Hill Rd

City Hudson State OH Zip Code 44236

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633229**

Amount of Each Disbursement this Period

3	3	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Linda Martens  
1034 Belleforte

City Oak Park State IL Zip Code 60302

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633230**

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address **Cynthia McCabe**  
1715 11th St

City **Los Osos** State **CA** Zip Code **93402**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633231**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
									1

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address **Donna McCaffrey**  
14751 Timberlake Court

City **Spring Lake** State **MI** Zip Code **49456**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633232**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
									0

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address **Judith McCleary**  
2680 Natoma Street

City **Miami** State **FL** Zip Code **33133**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	3

**Transaction ID : 4633233**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
									0

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0	0	0	0	0	0	0
									0

0	0	0	0	0	0	0	0	0	0
									0

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Robert McCullough  
781 South High Street

City Denver State CO Zip Code 80209

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : 4633234

Amount of Each Disbursement this Period

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Anthea McGoldrick  
240 4th Avenue

City San Francisco State CA Zip Code 94118

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : 4633235

Amount of Each Disbursement this Period

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Jane McHugh  
3580 Shaw Ave Apt 230

City Cincinnati State OH Zip Code 45208

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : 4633236

Amount of Each Disbursement this Period

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address **Alain Mei**  
2904 Kauhale St.

City **Kihei** State **HI** Zip Code **96753**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633237**

Amount of Each Disbursement this Period

1	5	0	0
---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address **Carol Mendenhall**  
6703 E Sugarloaf St

City **Mesa** State **AZ** Zip Code **85215**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	1	3

**Transaction ID : 4633238**

Amount of Each Disbursement this Period

5	0	0	0
---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address **Suzanne Mendez**  
526 Pettis Ave

City **Mountain View** State **CA** Zip Code **94041**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633239**

Amount of Each Disbursement this Period

5	0	0	0
---	---	---	---

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0
---	---	---	---

0	0	0	0
---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Hugh Merriman  
10931 N.E. South Beach Drive

City Bainbridge Island State WA Zip Code 98110

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633240

Amount of Each Disbursement this Period

3	3	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Kathryn Mesner  
2524 28th Street

City Central City State NE Zip Code 68826

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633241

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Jim Metropoulos  
14 Haytown Road

City Lebanon State NJ Zip Code 08833

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633242

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Frances Milberg  
150 E 56th Sr

City State Zip Code  
Ny NY 10022

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633243**

Amount of Each Disbursement this Period

1	6	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Sally Mitchell  
1400 New Castle St

City State Zip Code  
Beaufort SC 29902

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	1	3

**Transaction ID : 4633244**

Amount of Each Disbursement this Period

1	0	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Virginia Mithoff  
2930 Lazy Lane Blvd.

City State Zip Code  
Houston TX 77019

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	1	3

**Transaction ID : 4633245**

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	.	0	0
---	---	---	---

0	.	0	0
---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Alene Moris  
900 Univerisyt St

City Seattle State WA Zip Code 98101

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4633246**

Amount of Each Disbursement this Period

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Robert Morris  
106 Reton Ct

City Cary State NC Zip Code 27513

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4633247**

Amount of Each Disbursement this Period

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Ellen Moscoe  
2316 NW 101st Street

City Vancouver State WA Zip Code 98685

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4633248**

Amount of Each Disbursement this Period

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Kathleen Murphy  
5320 Burton Road

City Moss Point State MS Zip Code 39562

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633249

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Virginia Nash  
837 Hickory Drive

City Geneseo State IL Zip Code 61254

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633250

Amount of Each Disbursement this Period

6	0	0	0	0	0	0	0	0	0

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Sam Neisner  
332 Sandal Lane

City Palm Beach Shores State FL Zip Code 33404

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633251

Amount of Each Disbursement this Period

1	6	0	0	0	0	0	0	0	0

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0	0	0	0	0	0	0

0	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Linda Nichols  
1103 NW 30 Ave

City Gainesville State FL Zip Code 32609

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633252

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Ruth Nicolaisen  
4905 Boulder Creek Lane

City Raleigh State NC Zip Code 27613

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633253

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Gary Noble  
5206 Springhouse Circle

City Stone Mountain State GA Zip Code 30087

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633254

Amount of Each Disbursement this Period

2	0	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

2	0	.	0	0
---	---	---	---	---



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Jane O'Grady  
2452 Tunlaw Rd., NW

City Washington State DC Zip Code 20007

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633255

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address David Ono  
195 Sycamore St.

City Albany State NY Zip Code 12209

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633256

Amount of Each Disbursement this Period

1	0	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Jo Ann Orlinsky  
3704 North Charles Street

City Baltimore State MD Zip Code 21218

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	3

Transaction ID : 4633257

Amount of Each Disbursement this Period

1	0	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

### A. Kay Hagan Contributions

Mailing Address **Marsha Orr**  
5840 W. 112th Place

City **Westminster** State **CO** Zip Code **80020**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : **4633258**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

### B. Kay Hagan Contributions

Mailing Address **Anne Otten**  
5005 155th Pl. SE

City **Bellevue** State **WA** Zip Code **98006**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	3

Transaction ID : **4633259**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

### C. Kay Hagan Contributions

Mailing Address **Donald Palmer**  
2509 Bear Den Rd

City **Frederick** State **MD** Zip Code **21701**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	1	3

Transaction ID : **4633260**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Joy Panagides  
8404 Whitman Drive

City Bethesda State MD Zip Code 20817

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

Transaction ID : 4633261

Amount of Each Disbursement this Period

30.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Lucy Parker  
1315 Kingwood St.

City Ypsilanti State MI Zip Code 48197

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 19 / 2013

Transaction ID : 4633262

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Melissa Patterson-Meador  
288 Briarwood Ln

City Middletown State CT Zip Code 06457

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

Transaction ID : 4633263

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Ann Pennell-Cimini  
49 Shawmut St

City East Longmeadow State MA Zip Code 01028

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	9			2	0	1	3		

Transaction ID : 4633264

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Martha Perelli  
2217 Karns Place

City Raleigh State NC Zip Code 27614

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	9			2	0	1	3		

Transaction ID : 4633265

Amount of Each Disbursement this Period

2	0	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Ellen Perrin  
33 Abbottsford Road

City Brookline State MA Zip Code 02446

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			3	0			2	0	1	3		

Transaction ID : 4633266

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Denise Petersen  
73 Preda Street

City San Leandro State CA Zip Code 94577

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633267**

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Kristine Pierce  
891 N Channel

City Harsens Island State MI Zip Code 48028

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633268**

Amount of Each Disbursement this Period

1	0	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Ann Porter  
6100 Kings View Dr. #105

City Grand Forks State ND Zip Code 58201

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633269**

Amount of Each Disbursement this Period

1	0	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Jeanne Powell  
17237 Greenwood Place N

City Shoreline State WA Zip Code 98133

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633270

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Elliott Powell  
850 Antilla Way

City San Marcos State CA Zip Code 92078

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633271

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Andrew Puglia  
158 Powder House Boulevard

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633272

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Jo Ann Putnam-Scholes  
20 Fairway Drive

City Barrington State RI Zip Code 02806

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4633273**

Amount of Each Disbursement this Period

33.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address John Racanelli  
5 Eaat 22nd. Street. Apt.6j

City New York State NY Zip Code 10010

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4633274**

Amount of Each Disbursement this Period

50.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Charles Ramsey  
9817 Circle Drive Lot 342

City Austin State TX Zip Code 78736

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4633275**

Amount of Each Disbursement this Period

12.00

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Davian Rawls  
17 Nevens St

City Portland State ME Zip Code 04103

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4633276**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Gerald Rech  
70 N. Old Cedar Circle

City The Woodlands State TX Zip Code 77382

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4633277**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Barbara Renfroe  
56 Muirfield Ct.

City Poughkeepsie State NY Zip Code 12603

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4633278**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Corban Rhodes  
80 Lafayette Ave.

City Brooklyn State NY Zip Code 11217

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633279

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Roberta Riccio  
519 Rutgers Ave

City Swarthmore State PA Zip Code 19081

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633280

Amount of Each Disbursement this Period

1	3	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Irene Rinn  
336 36th St. #319

City Bellingham State WA Zip Code 98225

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633281

Amount of Each Disbursement this Period

2	0	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Catherine Robbins  
1943 29th Ave.

City San Francisco State CA Zip Code 94116

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : 4633282**

Amount of Each Disbursement this Period

25.00
-------

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Bonnie Robbins  
2821 Fairview Ave. E.

City Seattle State WA Zip Code 98102

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : 4633283**

Amount of Each Disbursement this Period

50.00
-------

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Shelley Roberts  
206 Hermosa Dr., SE

City Albuquerque State NM Zip Code 87108

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : 4633284**

Amount of Each Disbursement this Period

25.00
-------

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Louise Roberts  
9838 N Houston Oak Dr

City Germantown State TN Zip Code 38139

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2013

Transaction ID : 4633285

Amount of Each Disbursement this Period

5.00
------

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Nancy Rohn  
2722 Thayer Street

City Evanston State IL Zip Code 60201

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		10		2013

Transaction ID : 4633286

Amount of Each Disbursement this Period

50.00
-------

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Joseph Rosenstein  
223 South Third Avenue

City Highland Park State NJ Zip Code 08904

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2013

Transaction ID : 4633287

Amount of Each Disbursement this Period

5.00
------

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
------

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Ilse Ross  
2 Windswept Ln

City Setauket State NY Zip Code 11733

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 10 / 2013

**Transaction ID : 4633288**

Amount of Each Disbursement this Period

50.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Joyce Ross  
14215 Brandermill Woods Trl

City Midlothian State VA Zip Code 23112

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4633289**

Amount of Each Disbursement this Period

25.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Edna Rossenas  
1795 Shoreline Highway

City Muir Beach State CA Zip Code 94965

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4633290**

Amount of Each Disbursement this Period

10.00

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

### A. Kay Hagan Contributions

Mailing Address Judith Rowe  
4701 Willard Avenue, Apt 405

City Chevy Chase State MD Zip Code 20815

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633291

Amount of Each Disbursement this Period

2	5	.	0	0
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[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

### B. Kay Hagan Contributions

Mailing Address Larry Rudel  
4417 Erie Dr

City Winston-Salem State NC Zip Code 27106

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633292

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

### C. Kay Hagan Contributions

Mailing Address Melissa Ryan  
1884 Columbia Rd NW

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633293

Amount of Each Disbursement this Period

2	0	.	0	0
---	---	---	---	---

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Kathleen Ryan  
2103 Del Hollow St

City Lakewood State CA Zip Code 90712

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633294**

Amount of Each Disbursement this Period

1	0	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Chantal Saipe  
4191 Combe Way

City San Diego State CA Zip Code 92122

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	1	3

**Transaction ID : 4633295**

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Sandra Salveter  
3000 W. Valley Forge Circle

City King of Prussia State PA Zip Code 19406

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	3

**Transaction ID : 4633296**

Amount of Each Disbursement this Period

2	0	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

### A. Kay Hagan Contributions

Mailing Address Sam Sanders  
6516 W Stanley Rd

City Mount Morris State MI Zip Code 48458

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633297

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

### B. Kay Hagan Contributions

Mailing Address Annette Schaumann  
2640 Elmdale Ct..

City Palo Alto State CA Zip Code 94303

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633298

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

### C. Kay Hagan Contributions

Mailing Address Judith Schneider  
1175 E. Broadway

City Hewlett State NY Zip Code 11557

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633299

Amount of Each Disbursement this Period

1	8	0	0	0	0	0	0	0	0

[MEMO ITEM]  
MEMO

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0	0	0	0	0	0	0	0	0	0

0	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Doris Schulman  
360 E. 72nd Street

City New York State NY Zip Code 10021

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	1	3

**Transaction ID : 4633300**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Paul Schwartz  
115-25 Metropolitan Ave

City Kew Gardens State NY Zip Code 11418

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633301**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Ricki Seidman  
5542 Nevada Ave., NW

City Washington State DC Zip Code 20015

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633302**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0	0	0	0	0	0	0

0	0	0	0	0	0	0	0	0	0



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Jane Shannon  
2200 Cambridge Dr.

City Sarasota State FL Zip Code 34232

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	3

**Transaction ID : 4633303**

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Peg Shaw  
2147 O St NW

City Washington State DC Zip Code 20037

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	1	3

**Transaction ID : 4633304**

Amount of Each Disbursement this Period

1	0	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Joseph Sheperd  
2 West 3rd Ave

City Johnstown State NY Zip Code 12095

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633305**

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Edward Silha  
11509 Pyreneese Dr

City Austin State TX Zip Code 78759

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4633306**

Amount of Each Disbursement this Period

50.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Loretta Simon  
24 Commonwealth Drive

City Glenmont State NY Zip Code 12077

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 08 / 2013

**Transaction ID : 4633307**

Amount of Each Disbursement this Period

50.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Lewis Simpson  
901 Yakima Avenue S.

City Seattle State WA Zip Code 98144

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4633308**

Amount of Each Disbursement this Period

10.00

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Nancy Skinner  
1724 Highland Drive

City Newport Beach State CA Zip Code 92660

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4633309**

Amount of Each Disbursement this Period

30.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Prudence Skinner  
2415 34th Ave

City Sacramento State CA Zip Code 95822

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 08 / 2013

**Transaction ID : 4633310**

Amount of Each Disbursement this Period

20.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Charles Sleicher  
116 Fairview Ave N #310

City Seattle State WA Zip Code 98109

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4633311**

Amount of Each Disbursement this Period

10.00

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address **Connie Sly**  
970 Canyon View Drive

City **La Verne** State **CA** Zip Code **91750**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633312**

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address **Rita Smalling**  
4711 E Brisa Del Norte

City **Tucson** State **AZ** Zip Code **85718**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633313**

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address **Jim Smith**  
8 Burning Tree Lane

City **Lawrenceville** State **NJ** Zip Code **08648**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633314**

Amount of Each Disbursement this Period

1	5	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Shirley Sokolsky  
2003 N Ocean Blvd Apt 1103

City Boca Raton State FL Zip Code 33431

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : 4633315

Amount of Each Disbursement this Period

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Virginia Solomon  
10972 Culver Blvd

City Culver City State CA Zip Code 90230

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : 4633316

Amount of Each Disbursement this Period

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Soohun Song  
22 Draper Rd

City Dover State MA Zip Code 02030

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : 4633317

Amount of Each Disbursement this Period

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address **Carole Spreitzer**  
5135 N. Tripp

City **Chicago** State **IL** Zip Code **60630**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633318**

Amount of Each Disbursement this Period

2	0	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address **Nancy Stabb**  
1200 S. River Rd.

City **Janesville, Wi** State **WI** Zip Code **53546**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	3

**Transaction ID : 4633319**

Amount of Each Disbursement this Period

3	0	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address **Jutta Stange**  
PO Box 90764

City **San Diego** State **CA** Zip Code **92169**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	1	3

**Transaction ID : 4633320**

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Pearl Steinberg  
3300 Darby Rd

City Haverford State PA Zip Code 19041

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 10 / 2013

**Transaction ID : 4633321**

Amount of Each Disbursement this Period

50.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Bonnie Steinbock  
6 Croswell St.

City Albany State NY Zip Code 12206

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4633322**

Amount of Each Disbursement this Period

50.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address William Stockton  
458 W. 146 Street

City New York State NY Zip Code 10031

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4633323**

Amount of Each Disbursement this Period

50.00

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Anita Strauss  
7887 Revelle Drive

City La Jolla State CA Zip Code 92037

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4633324**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Sigrid Anne Strom  
1404 NE 154th St.

City Shoreline State WA Zip Code 98155

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4633325**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Phillip Stump  
3602 Sherwood Place

City Lynchburg State VA Zip Code 24503

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4633326**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address **Suzanne Sumrall**  
717 Willivee Dr.

City **Decatur** State **GA** Zip Code **30033**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633327**

Amount of Each Disbursement this Period

1	5	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address **Barbara Swanson**  
343 Kellogg Blvd E

City **Saint Paul** State **MN** Zip Code **55101**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633328**

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address **Suzanne Swift**  
48 E. 4th Street

City **New Castle** State **DE** Zip Code **19720**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633329**

Amount of Each Disbursement this Period

3	5	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address **Mary Tambornino**  
3851 Susan Lane

City **Minnetonka** State **MN** Zip Code **55345**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4633330**

Amount of Each Disbursement this Period

50.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address **Pamela Tarr**  
12223 Califa Street

City **Valley Village** State **CA** Zip Code **91607**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4633331**

Amount of Each Disbursement this Period

7.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address **Maria Luisa Tasayco**  
116 Pinehurst Ave Apt H43

City **New York** State **NY** Zip Code **10033**

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4633332**

Amount of Each Disbursement this Period

5.00

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Judith Taylor  
255 Berry St Apt 610

City San Francisco State CA Zip Code 94158

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633333**

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Everett Taylor  
PO Box 22

City Browning State MO Zip Code 64630

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	3

**Transaction ID : 4633334**

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Kathleen Thaxton  
PO Box 334

City North Stonington State CT Zip Code 06359

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633335**

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Julie Timins  
20 FOOTES LN

City Morrystown State NJ Zip Code 07960

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	1	3

Transaction ID : 4633336

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Elaina Timm  
651 East 2700 South

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633337

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Cheryl Traendly  
3008 Manning CT

City Santa Rosa State CA Zip Code 95403

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	1	3

Transaction ID : 4633338

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0	0	0	0	0	0	0

0	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Kelly Trippe  
4107 Maryland Avenue

City Bethesda State MD Zip Code 20816

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4633339**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Judith Troestler  
P.O. Box 370306

City Milwaukee State WI Zip Code 53237

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4633340**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Peter Trotman  
180 Turn Of River Road

City Stamford State CT Zip Code 06905

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4633341**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address William Tucci  
150 Charles Wade Lane

City Henderson State NC Zip Code 27537

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633342**

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address William Tyler  
P.O. Box 1929

City Aptos State CA Zip Code 95001

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633343**

Amount of Each Disbursement this Period

1	0	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Elizabeth Ungar  
420 Riverside Drive

City New York State NY Zip Code 10025

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : 4633344**

Amount of Each Disbursement this Period

1	5	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

## A. Kay Hagan Contributions

Mailing Address Lynda Vibrock  
5220 Wesleyan St., Apt. C-306

City Houston State TX Zip Code 77005

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

Transaction ID : 4633345

Amount of Each Disbursement this Period

15.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

## B. Kay Hagan Contributions

Mailing Address Patricia Wang  
4289 Perna Lane

City Iron Station State NC Zip Code 28080

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 10 / 2013

Transaction ID : 4633346

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

## C. Kay Hagan Contributions

Mailing Address Sally Warren  
3710 Armstrong Avenue

City Dallas State TX Zip Code 75205

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2013

Transaction ID : 4633347

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]  
MEMO

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Claudia Wasik  
1315 Kingwood St.

City Ypsilanti State MI Zip Code 48197

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4633348**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Diana Weatherby  
6401 85th PL

City New Carrollton State MD Zip Code 20784

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4633349**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Margaret Weber-Levine  
373 Sargent Dr. SE

City Atlanta State GA Zip Code 30315

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4633350**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Ann Weigl  
109 Edgewood Ln

City Oxford State WI Zip Code 53952

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633351

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Jane West  
15 Sunset Rdg

City Deep River State CT Zip Code 06417

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	3

Transaction ID : 4633352

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Doris Wheaton  
222 Proctor Avenue

City Odgensburg State NY Zip Code 13669

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	3

Transaction ID : 4633353

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0	0	0	0	0	0	0

0	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1274 OF 1350

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Kay Hagan Contributions</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2013
Mailing Address Lynn Wheeler 7435 Sw 54Th Ave		Transaction ID : <b>4633354</b>  Amount of Each Disbursement this Period 10.00 <b>[MEMO ITEM]</b> MEMO
City Miami	State FL Zip Code 33143	
Purpose of Disbursement Candidate Contrib Earmarked	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kay Hagan Contributions</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2013
Mailing Address Linda Whitlock 30 Saxon Road		Transaction ID : <b>4633355</b>  Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
City Newton	State MA Zip Code 02461	
Purpose of Disbursement Candidate Contrib Earmarked	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Kay Hagan Contributions</b>		Date of Disbursement MM / DD / YYYY 04 / 08 / 2013
Mailing Address Sandra Whitman 6142 Evian Place		Transaction ID : <b>4633356</b>  Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
City Boynton Beach	State FL Zip Code 33437	
Purpose of Disbursement Candidate Contrib Earmarked	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Laura Whitney  
4322 Melody Ln Apt 211

City Madison State WI Zip Code 53704

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 12 / 2013

**Transaction ID : 4633357**

Amount of Each Disbursement this Period

10.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Christine Widaman  
2420 Vista Del Sol

City La Verne State CA Zip Code 91750

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4633358**

Amount of Each Disbursement this Period

5.00

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Harriet Williams  
146 Pebble Pt

City Blythewood State SC Zip Code 29016

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : 4633359**

Amount of Each Disbursement this Period

50.00

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Mary Ann Witt  
5 Sylvan Road

City Durham State NC Zip Code 27701

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633360

Amount of Each Disbursement this Period

2	5	.	0	0
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[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Christine Wood  
2209 Oakridge Ave

City Madison State WI Zip Code 53704

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633361

Amount of Each Disbursement this Period

5	0	.	0	0
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[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Julia Woogen  
2824 Waters Edge Circle

City West Palm Beach State FL Zip Code 33413

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : 4633362

Amount of Each Disbursement this Period

1	0	.	0	0
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[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Kay Hagan Contributions**

Mailing Address Mary Woolsey  
1184 Keeler Ave

City Berkeley State CA Zip Code 94708

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			3	0			2	0	1	3		

Transaction ID : 4633363

Amount of Each Disbursement this Period

2	5	0	0
---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**B. Kay Hagan Contributions**

Mailing Address Yvonne Wooten  
7117 Huron Ave

City Lexington State MI Zip Code 48450

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	3			2	0	1	3		

Transaction ID : 4633364

Amount of Each Disbursement this Period

1	0	0	0
---	---	---	---

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

**C. Kay Hagan Contributions**

Mailing Address Kristi Yore  
2933 W. Vina Del Mar Blvd.

City St. Pete Beach State FL Zip Code 33706

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			3	0			2	0	1	3		

Transaction ID : 4633365

Amount of Each Disbursement this Period

1	0	0	0
---	---	---	---

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0
---	---	---	---

0	0	0	0
---	---	---	---

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

### A. Kay Hagan Contributions

Mailing Address Lewis Zuelow  
7 Libra Dr.

City Novato State CA Zip Code 94947

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

Transaction ID : 4633366

Amount of Each Disbursement this Period

100.00
--------

[MEMO ITEM]  
MEMO

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
------

5268.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Patricia Martin**

Mailing Address 3119 Brockton Way

City Tallahassee State FL Zip Code 32308

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB28A-206288**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Kay Rizzo**

Mailing Address 412 Marguerite Road

City Metairie State LA Zip Code 70003

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB28A-206287**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Terri Schmidt**

Mailing Address 543 Forest Creek Dr.

City Wooster State OH Zip Code 44691

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB28A-205652**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Janet Smith**

Mailing Address 11211 55 Avenue

City Edmonton State AB Zip Code T6H0W

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		04		2013

**Transaction ID : SB28A-205675**

Amount of Each Disbursement this Period

461.00
--------

Full Name (Last, First, Middle Initial)

**B. Jerry Gordon**

Mailing Address 107 Fontaine Court

City Monroe Township State NJ Zip Code 08831

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		04		2013

**Transaction ID : SB28A-206289**

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**C. Janet Smith**

Mailing Address 11211 55 Avenue

City Edmonton State AB Zip Code T6H0W

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2013

**Transaction ID : SB28A-206307**

Amount of Each Disbursement this Period

20.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

731.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. P.A.W. Bryant</b>		Date of Disbursement MM / DD / YYYY 04 / 10 / 2013
Mailing Address PO Box 20329		<b>Transaction ID : SB28A-206290</b>
City Newark	State NJ	
Zip Code 07101	Purpose of Disbursement Refund	Amount of Each Disbursement this Period 11.77
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Scott Litsheim</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2013
Mailing Address 1269 Cleveland Ave N Apt 5b		<b>Transaction ID : SB28A-206291</b>
City Saint Paul	State MN	
Zip Code 55108	Purpose of Disbursement Refund	Amount of Each Disbursement this Period 25.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Mary Melville</b>		Date of Disbursement MM / DD / YYYY 04 / 12 / 2013
Mailing Address 15 Piper Road Apt J106		<b>Transaction ID : SB28A-206308</b>
City Scarborough	State ME	
Zip Code 04074	Purpose of Disbursement Refund	Amount of Each Disbursement this Period 50.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	86.77
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Katy Graham**

Mailing Address 1311 Holly St.

City Nashville State TN Zip Code 37206

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB28A-206292**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Joan Rich**

Mailing Address 13900 Shaker Blvd  
Apt 716

City Shaker Heights State OH Zip Code 44120

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB28A-206293**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Arnold Mollot**

Mailing Address 13570 Morocca Lake Lane

City Delray Beach State FL Zip Code 33446

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB28A-206295**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Arnold Kahn</b>		Date of Disbursement MM / DD / YYYY 04 / 23 / 2013
Mailing Address 701 Locust Hill Drive		<b>Transaction ID : SB28A-206294</b>
City Harrisonburg	State VA	
Zip Code 22801	Purpose of Disbursement Refund	Amount of Each Disbursement this Period 20.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Joan Anderson</b>		Date of Disbursement MM / DD / YYYY 04 / 24 / 2013
Mailing Address 3424 Monitor Lane		<b>Transaction ID : SB28A-206298</b>
City Tallahassee	State FL	
Zip Code 32312	Purpose of Disbursement Refund	Amount of Each Disbursement this Period 25.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. James Cox</b>		Date of Disbursement MM / DD / YYYY 04 / 24 / 2013
Mailing Address 777 Welch Road Suite H		<b>Transaction ID : SB28A-206300</b>
City Palo Alto	State CA	
Zip Code 94304	Purpose of Disbursement Refund	Amount of Each Disbursement this Period 50.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	95.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Rita Cregg</b>		Date of Disbursement MM / DD / YYYY 04 / 24 / 2013
Mailing Address 24016 Via Aranda		<b>Transaction ID : SB28A-206299</b>
City Valencia	State CA	
Purpose of Disbursement Refund	Candidate Name	Amount of Each Disbursement this Period 15.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Deborah Fine</b>		Date of Disbursement MM / DD / YYYY 04 / 24 / 2013
Mailing Address 100 Llanalew Rd #11		<b>Transaction ID : SB28A-206301</b>
City Haverford	State PA	
Purpose of Disbursement Refund	Candidate Name	Amount of Each Disbursement this Period 10.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Barbara Franklin</b>		Date of Disbursement MM / DD / YYYY 04 / 24 / 2013
Mailing Address 3310 El Sebo Avenue		<b>Transaction ID : SB28A-206304</b>
City Hacienda Hts	State CA	
Purpose of Disbursement Refund	Candidate Name	Amount of Each Disbursement this Period 10.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	35.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Amanda Miller**

Mailing Address 5212 Farrington Road

City State Zip Code  
Bethesda MD 20816

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB28A-206296**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Richard Neugebauer**

Mailing Address 789 West End Avenue

City State Zip Code  
New York NY 10025

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB28A-206305**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Chelsey Owen**

Mailing Address 1640 72nd Avenue SE

City State Zip Code  
Mercer Island WA 98040

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB28A-206297**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial) <b>A. Brenda Teals</b>		Date of Disbursement MM / DD / YYYY 04 / 24 / 2013
Mailing Address 311 Northshore Drive		<b>Transaction ID : SB28A-206302</b>
City Moses Lake	State WA	
Purpose of Disbursement Refund	Candidate Name	Amount of Each Disbursement this Period 10.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Candace Trinchieri</b>		Date of Disbursement MM / DD / YYYY 04 / 24 / 2013
Mailing Address 14709 Valleyheart Dr		<b>Transaction ID : SB28A-206303</b>
City Sherman Oaks	State CA	
Purpose of Disbursement Refund	Candidate Name	Amount of Each Disbursement this Period 20.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Wayne Roberson</b>		Date of Disbursement MM / DD / YYYY 04 / 29 / 2013
Mailing Address 4414 Twisted Tree Dr		<b>Transaction ID : SB28A-206309</b>
City Austin	State TX	
Purpose of Disbursement Refund	Candidate Name	Amount of Each Disbursement this Period 100.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	130.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

### A. Bernard Stumpf

Mailing Address 21 High St

City Chelmsford State MA Zip Code 01824

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

Transaction ID : SB28A-206306

Amount of Each Disbursement this Period

300.00
--------

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

300.00
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2522.77
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. EMILY's List Non-Federal #3**

Mailing Address 1120 Connecticut Ave NW  
Suite 1100

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Transfer to Non-Federal Fund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29-206311**

Amount of Each Disbursement this Period

S Connolly Orig Cntrb 3/21/13

Full Name (Last, First, Middle Initial)

**B. EMILY's List Non-Federal #3**

Mailing Address 1120 Connecticut Ave NW  
Suite 1100

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Transfer to Non-Federal Fund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29-206310**

Amount of Each Disbursement this Period

J Clark Orig Cntrb 3/12/13

Full Name (Last, First, Middle Initial)

**C. EMILY's List Non-Federal #3**

Mailing Address 1120 Connecticut Ave NW  
Suite 1100

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Transfer to Non-Federal Fund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29-206312**

Amount of Each Disbursement this Period

B Clendenning Orig Cntrb 3/24/13

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. EMILY's List Non-Federal #3**

Mailing Address 1120 Connecticut Ave NW  
Suite 1100

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Transfer to Non-Federal Fund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2013

**Transaction ID : SB29-206313**

Amount of Each Disbursement this Period

500.00

A Newman Orig Cntrb 3/21/13

Full Name (Last, First, Middle Initial)

**B. Annise Parker Campaign 2013**

Mailing Address PO Box 66513

City Houston State TX Zip Code 77266

Purpose of Disbursement  
Candidate Contribution

Candidate Name

**Annise Parker Campaign 2013**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 23 / 2013

**Transaction ID : SB29-206012**

Amount of Each Disbursement this Period

10000.00

Mayor Houston-TX

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

10500.00

16200.00

**SCHEDULE H2 (FEC Form 3X)**

**ALLOCATION RATIOS**

NAME OF COMMITTEE (In Full)  
EMILY's List

**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

<p>ACTIVITY OR EVENT IDENTIFIER Fundraising/PSP 2013</p> <p>ACTIVITY IS:  <input checked="" type="checkbox"/> Fundraising    <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New    <input type="checkbox"/> Revised    <input checked="" type="checkbox"/> Same as Previously Reported</p> <p style="text-align: center;"><b>Transaction ID : H2-EL-1767</b></p>	<p>FEDERAL %</p> <p style="text-align: center;">50.00 %</p>	<p>NONFEDERAL %</p> <p style="text-align: center;">50.00 %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising    <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New    <input type="checkbox"/> Revised    <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p style="text-align: center;">%</p>	<p>NONFEDERAL %</p> <p style="text-align: center;">%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising    <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New    <input type="checkbox"/> Revised    <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p style="text-align: center;">%</p>	<p>NONFEDERAL %</p> <p style="text-align: center;">%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising    <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New    <input type="checkbox"/> Revised    <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p style="text-align: center;">%</p>	<p>NONFEDERAL %</p> <p style="text-align: center;">%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising    <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New    <input type="checkbox"/> Revised    <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p style="text-align: center;">%</p>	<p>NONFEDERAL %</p> <p style="text-align: center;">%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising    <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New    <input type="checkbox"/> Revised    <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p style="text-align: center;">%</p>	<p>NONFEDERAL %</p> <p style="text-align: center;">%</p>

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

Form A: Full Name (Last, First, Middle Initial) Transaction ID : H4-205620 Allocated Activity or Event: Bulletproof Mailing Address 1840 41st Ave, #102-333 City State Zip Code: Capitola CA 95010 Purpose of Disbursement: Copy Writer Activity or Event Identifier: PSP13 Allocated Activity or Event Year-To-Date: 489200.24 Date: 04/04/2013 FEDERAL SHARE: 46.87 NONFEDERAL SHARE: 46.88 TOTAL AMOUNT: 93.75

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4-205622 Allocated Activity or Event: Bulletproof Mailing Address 1840 41st Ave, #102-333 City State Zip Code: Capitola CA 95010 Purpose of Disbursement: Copy Writer Activity or Event Identifier: PSP13 Allocated Activity or Event Year-To-Date: 489237.74 Date: 04/04/2013 FEDERAL SHARE: 18.75 NONFEDERAL SHARE: 18.75 TOTAL AMOUNT: 37.50

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4-205624 Allocated Activity or Event: Bulletproof Mailing Address 1840 41st Ave, #102-333 City State Zip Code: Capitola CA 95010 Purpose of Disbursement: Copy Writer Activity or Event Identifier: PSP13 Allocated Activity or Event Year-To-Date: 489275.24 Date: 04/04/2013 FEDERAL SHARE: 18.75 NONFEDERAL SHARE: 18.75 TOTAL AMOUNT: 37.50

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 84.37, 84.38, 168.75

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [Empty], [Empty], [Empty]

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

A. Full Name (Last, First, Middle Initial) <b>Encompass Elements</b>		Transaction ID : H4-205632	Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 185 Discovery Drive Attn: Cathy Kaspar			Allocated Activity or Event Year-To-Date 490181.90	
City Colmar	State PA	Zip Code 18915	Date 04 / 04 / 2013	
Purpose of Disbursement: Postage		Category/ Type	Date	
Activity or Event Identifier: PSP13				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
453.33			453.33	906.66

B. Full Name (Last, First, Middle Initial) <b>Encompass Elements</b>		Transaction ID : H4-205634	Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 185 Discovery Drive Attn: Cathy Kaspar			Allocated Activity or Event Year-To-Date 490484.58	
City Colmar	State PA	Zip Code 18915	Date 04 / 04 / 2013	
Purpose of Disbursement: Postage		Category/ Type	Date	
Activity or Event Identifier: PSP13				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
151.34			151.34	302.68

C. Full Name (Last, First, Middle Initial) <b>Valley Press, Inc.</b>		Transaction ID : H4-205671	Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 64814			Allocated Activity or Event Year-To-Date 491908.02	
City Baltimore	State MD	Zip Code 21264	Date 04 / 04 / 2013	
Purpose of Disbursement: Printing		Category/ Type	Date	
Activity or Event Identifier: PSP13				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
711.72			711.72	1423.44

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1316.39		1316.39		2632.78

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

A. Full Name (Last, First, Middle Initial) Transaction ID : H4-206100
Shellie Levin Solutions, Inc
Mailing Address 22800 SW 157 Ave
City Miami State FL Zip Code 33170
Purpose of Disbursement: Consulting Fundraising
Activity or Event Identifier: PSP13
Allocated Activity or Event: Fundraising
Allocated Activity or Event Year-To-Date 499408.02
Date 04 / 04 / 2013
FEDERAL SHARE 3750.00 + NONFEDERAL SHARE 3750.00 = TOTAL AMOUNT 7500.00

B. Full Name (Last, First, Middle Initial) Transaction ID : H4-205768
Chapman Cubine Adams Hussey
Mailing Address 1600 Wilson Boulevard Ste 300
City Arlington State VA Zip Code 22209
Purpose of Disbursement: Printing
Activity or Event Identifier: PSP13
Allocated Activity or Event: Fundraising
Allocated Activity or Event Year-To-Date 499478.36
Date 04 / 11 / 2013
FEDERAL SHARE 35.17 + NONFEDERAL SHARE 35.17 = TOTAL AMOUNT 70.34

C. Full Name (Last, First, Middle Initial) Transaction ID : H4-205779
Lizzie Cooper
Mailing Address 945 Route 35
City Cross River State NY Zip Code 10518
Purpose of Disbursement: Travel/Accommodation /Meals
Activity or Event Identifier: PSP13
Allocated Activity or Event: Fundraising
Allocated Activity or Event Year-To-Date 499536.30
Date 04 / 11 / 2013
FEDERAL SHARE 28.97 + NONFEDERAL SHARE 28.97 = TOTAL AMOUNT 57.94

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 3814.14, 3814.14, 7628.28

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: (empty), (empty), (empty)

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

A. Full Name (Last, First, Middle Initial) Transaction ID : H4-205784
Federal Express
Mailing Address P. O. Box 371461
City Pittsburg State PA Zip Code 15250-7461
Purpose of Disbursement: Deliveries
Activity or Event Identifier: PSP13
Allocated Activity or Event: Fundraising
Allocated Activity or Event Year-To-Date 499557.63
Date 04 / 11 / 2013
FEDERAL SHARE 10.66 + NONFEDERAL SHARE 10.67 = TOTAL AMOUNT 21.33

B. Full Name (Last, First, Middle Initial) Transaction ID : H4-205788
GrayHair Software
Mailing Address 124 Gaither Drive Suite 160
City Mount Laurel State NJ Zip Code 08054
Purpose of Disbursement: Printing
Activity or Event Identifier: PSP13
Allocated Activity or Event: Fundraising
Allocated Activity or Event Year-To-Date 499642.63
Date 04 / 11 / 2013
FEDERAL SHARE 42.50 + NONFEDERAL SHARE 42.50 = TOTAL AMOUNT 85.00

C. Full Name (Last, First, Middle Initial) Transaction ID : H4-205794
Kali Murphy
Mailing Address 461 N Thomas Street Apt 407
City Arlington State VA Zip Code 22203
Purpose of Disbursement: Travel/Accommodation /Meals
Activity or Event Identifier: PSP13
Allocated Activity or Event: Fundraising
Allocated Activity or Event Year-To-Date 499669.27
Date 04 / 11 / 2013
FEDERAL SHARE 13.32 + NONFEDERAL SHARE 13.32 = TOTAL AMOUNT 26.64

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 66.48, 66.49, 132.97

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [Empty], [Empty], [Empty]

**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

**EMILY's List**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Michelle Ortiz</b>		<b>Transaction ID : H4-205797</b>	<b>Allocated Activity or Event:</b> <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 2801 Turk Blvd #306			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City State Zip Code San Francisco CA 94118			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Travel/Accommodation /Meals		Category/ Type	Allocated Activity or Event Year-To-Date 499717.27	
Activity or Event Identifier: <b>PSP13</b>			Date <input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2013"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	
24.00			24.00	
		=	TOTAL AMOUNT	
			48.00	

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Pat Reynes</b>		<b>Transaction ID : H4-205798</b>	<b>Allocated Activity or Event:</b> <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 2601 Glenview Rd			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City State Zip Code Glenview IL 60025			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Travel/Accommodation /Meals		Category/ Type	Allocated Activity or Event Year-To-Date 500042.02	
Activity or Event Identifier: <b>PSP13</b>			Date <input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2013"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	
162.37			162.38	
		=	TOTAL AMOUNT	
			324.75	

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Rylo Consulting</b>		<b>Transaction ID : H4-205802</b>	<b>Allocated Activity or Event:</b> <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 908 E. 5th St Suite 201			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City State Zip Code Austin TX 78702			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Consulting Fundraising		Category/ Type	Allocated Activity or Event Year-To-Date 502542.02	
Activity or Event Identifier: <b>PSP13</b>			Date <input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2013"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	
1250.00			1250.00	
		=	TOTAL AMOUNT	
			2500.00	

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1436.37		1436.38		2872.75

**TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))**

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

A. Full Name (Last, First, Middle Initial) <b>American Express</b>		Transaction ID : <b>H4-205823</b>	Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 360001			Allocated Activity or Event Year-To-Date 503376.17	
City Ft. Lauderdale	State FL	Zip Code 33336	Date 04 / 11 / 2013	
Purpose of Disbursement: Travel/Accommodation /Meals		Category/ Type	Date 04 / 11 / 2013	
Activity or Event Identifier: <b>PSP13</b>			Date 04 / 11 / 2013	
See Attached Memo Entry				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
417.07			417.08	834.15

B. Full Name (Last, First, Middle Initial) <b>US AIRWAYS</b>		Transaction ID : <b>H4-205823-10000</b>	Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address ATTN RWE-STX			Allocated Activity or Event Year-To-Date	
City Phoenix	State AZ	Zip Code 85034	Date 04 / 11 / 2013	
Purpose of Disbursement: Travel/Accommodation /Meals		Category/ Type	Date 04 / 11 / 2013	
Activity or Event Identifier: <b>[MEMO ITEM] Memo Entry</b>			Date 04 / 11 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
290.45			290.45	580.90

C. Full Name (Last, First, Middle Initial) <b>RADISSON PHILADELPHI</b>		Transaction ID : <b>H4-205823-20000</b>	Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1701 LOCUST ST			Allocated Activity or Event Year-To-Date	
City PHILADELPHIA	State PA	Zip Code 19103-6120	Date 04 / 11 / 2013	
Purpose of Disbursement: Travel/Accommodation /Meals		Category/ Type	Date 04 / 11 / 2013	
Activity or Event Identifier: <b>[MEMO ITEM] Memo Entry</b>			Date 04 / 11 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
114.63			114.62	229.25

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
417.07		417.08		834.15

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT



SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

A. Full Name (Last, First, Middle Initial) <b>AMTRAK</b>		Transaction ID : <b>H4-205823-30000</b>	Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address <b>60 MASSACHUSETTS AVE NE</b>			Allocated Activity or Event Year-To-Date	
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20002</b>	Date <input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2013"/>	
Purpose of Disbursement: <b>Travel/Accommodation /Meals</b>		Category/ Type	Date <input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2013"/>	
Activity or Event Identifier: <b>[MEMO ITEM] Memo Entry</b>				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
<input type="text" value="11.99"/>			<input type="text" value="12.01"/>	<input type="text" value="24.00"/>

B. Full Name (Last, First, Middle Initial) <b>American Express</b>		Transaction ID : <b>H4-205848</b>	Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address <b>P.O. BOX 360001</b>			Allocated Activity or Event Year-To-Date	
City <b>Fort Lauderdale</b>	State <b>FL</b>	Zip Code <b>33336</b>	Date <input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2013"/>	
Purpose of Disbursement: <b>Office Supplies Expenses</b>		Category/ Type	Date <input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2013"/>	
Activity or Event Identifier: <b>PSP13</b>				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
<input type="text" value="4.13"/>			<input type="text" value="4.13"/>	<input type="text" value="8.26"/>

C. Full Name (Last, First, Middle Initial) <b>CVS PHARMACY 6069 06</b>		Transaction ID : <b>H4-205848-10000</b>	Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address <b>1101 CONNECTICUT AVE NW</b>			Allocated Activity or Event Year-To-Date	
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20036-4303</b>	Date <input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2013"/>	
Purpose of Disbursement: <b>Office Supplies Expenses</b>		Category/ Type	Date <input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2013"/>	
Activity or Event Identifier: <b>[MEMO ITEM] Memo Entry</b>				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
<input type="text" value="4.13"/>			<input type="text" value="4.13"/>	<input type="text" value="8.26"/>

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="4.13"/>		<input type="text" value="4.13"/>		<input type="text" value="8.26"/>

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text" value="4.13"/>	<input type="text" value="4.13"/>	<input type="text" value="8.26"/>

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

Form A: American Express. Transaction ID: H4-205849. Allocated Activity or Event: Fundraising. Date: 04/11/2013. Total Amount: 532.80.

Form B: DELTA AIR LINES. Transaction ID: H4-205849-10000. Allocated Activity or Event: Fundraising. Date: 04/11/2013. Total Amount: 136.80.

Form C: DELTA AIR LINES. Transaction ID: H4-205849-20000. Allocated Activity or Event: Fundraising. Date: 04/11/2013. Total Amount: 311.60.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 266.40, 266.40, 532.80.

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [Empty], [Empty], [Empty].

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

Form A: Full Name (Last, First, Middle Initial) Transaction ID : H4-205849-30000 Allocated Activity or Event: BRASSERIE BECK 0096 Mailing Address 1101 K ST NW City WASHINGTON State DC Zip Code 20005-4210 Purpose of Disbursement: Travel/Accommodation /Meals Activity or Event Identifier: [MEMO ITEM] Memo Entry FEDERAL SHARE 42.20 NONFEDERAL SHARE 42.20 TOTAL AMOUNT 84.40

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4-205850 Allocated Activity or Event: American Express Mailing Address PO Box 360001 City Fort Lauderdale State FL Zip Code 33336 Purpose of Disbursement: Travel/Accommodation /Meals Activity or Event Identifier: PSP13 See Attached Memo Entry FEDERAL SHARE 76.77 NONFEDERAL SHARE 76.78 TOTAL AMOUNT 153.55

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4-205850-10000 Allocated Activity or Event: BUDGET.COM PREPAY RE Mailing Address 300 CENTRE POINTE DR City TULSA State OK Zip Code 23462-4415 Purpose of Disbursement: Travel/Accommodation /Meals Activity or Event Identifier: [MEMO ITEM] Memo Entry FEDERAL SHARE 23.08 NONFEDERAL SHARE 23.07 TOTAL AMOUNT 46.15

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 76.77, 76.78, 153.55

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [Empty], [Empty], [Empty]

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

Form A: BUDGET.COM PREPAY RE. Transaction ID: H4-205850-20000. Allocated Activity or Event: Fundraising. Date: 04/11/2013. Total Amount: 107.40.

Form B: American Express. Transaction ID: H4-205853. Allocated Activity or Event: Fundraising. Date: 04/11/2013. Total Amount: 359.00.

Form C: DAVID H KOCH WEB. Transaction ID: H4-205853-10000. Allocated Activity or Event: Fundraising. Date: 04/11/2013. Total Amount: 359.00.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 179.50, 179.50, 359.00.

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [blank], [blank], [blank].

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

A. Full Name (Last, First, Middle Initial) <b>American Express</b>		Transaction ID : <b>H4-205854</b>	Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address <b>PO Box 360001</b>			Allocated Activity or Event Year-To-Date <b>504685.78</b>	
City <b>Fort Lauderdale</b>	State <b>FL</b>	Zip Code <b>33336</b>	Date <b>04 / 11 / 2013</b>	
Purpose of Disbursement: <b>Travel/Accommodation /Meals</b>		Category/ Type	Date <b>04 / 11 / 2013</b>	
Activity or Event Identifier: <b>PSP13</b>			Date <b>04 / 11 / 2013</b>	
<b>See Attached Memo Entry</b>				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
<b>128.00</b>			<b>128.00</b>	<b>256.00</b>

B. Full Name (Last, First, Middle Initial) <b>AMTRAK</b>		Transaction ID : <b>H4-205854-10000</b>	Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address <b>60 MASSACHUSETTS AVE NE</b>			Allocated Activity or Event Year-To-Date	
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20002</b>	Date <b>04 / 11 / 2013</b>	
Purpose of Disbursement: <b>Travel/Accommodation /Meals</b>		Category/ Type	Date <b>04 / 11 / 2013</b>	
Activity or Event Identifier: <b>[MEMO ITEM] Memo Entry</b>			Date <b>04 / 11 / 2013</b>	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
<b>41.00</b>			<b>41.00</b>	<b>82.00</b>

C. Full Name (Last, First, Middle Initial) <b>AMTRAK</b>		Transaction ID : <b>H4-205854-20000</b>	Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address <b>4TH FLOOR WEST</b>			Allocated Activity or Event Year-To-Date	
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20002</b>	Date <b>04 / 11 / 2013</b>	
Purpose of Disbursement: <b>Travel/Accommodation /Meals</b>		Category/ Type	Date <b>04 / 11 / 2013</b>	
Activity or Event Identifier: <b>[MEMO ITEM] Memo Entry</b>			Date <b>04 / 11 / 2013</b>	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
<b>87.00</b>			<b>87.00</b>	<b>174.00</b>

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<b>128.00</b>		<b>128.00</b>		<b>256.00</b>

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

**EMILY's List**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Shellie Levin Solutions, Inc</b>		<b>Transaction ID : H4-206101</b>	<b>Allocated Activity or Event:</b> <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 22800 SW 157 Ave			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Miami State FL Zip Code 33170			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Consulting Fundraising		Category/ Type	Allocated Activity or Event Year-To-Date 507185.78	
Activity or Event Identifier: <b>PSP13</b>			Date <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	
1250.00			1250.00	
		=	TOTAL AMOUNT	
			2500.00	

<b>B. Full Name (Last, First, Middle Initial)</b> <b>American Express</b>		<b>Transaction ID : H4-205928</b>	<b>Allocated Activity or Event:</b> <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address PO Box 360001			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Fort Lauderdale State FL Zip Code 33336			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Catering/Facilities		Category/ Type	Allocated Activity or Event Year-To-Date 507959.10	
Activity or Event Identifier: PSP13			Date <input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>	
See Attached Memo Entry				
FEDERAL SHARE		+	NONFEDERAL SHARE	
386.66			386.66	
		=	TOTAL AMOUNT	
			773.32	

<b>C. Full Name (Last, First, Middle Initial)</b> <b>ED'S CHOWDER HOUSE</b>		<b>Transaction ID : H4-205928-10000</b>	<b>Allocated Activity or Event:</b> <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 44 W 63RD ST			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City NEW YORK State NY Zip Code 10023-7029			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Catering/Facilities		Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: [MEMO ITEM] Memo Entry			Date <input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	
386.66			386.66	
		=	TOTAL AMOUNT	
			773.32	

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1636.66		1636.66		3273.32

**TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))**

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

A. Full Name (Last, First, Middle Initial) <b>American Express</b>		Transaction ID : <b>H4-205929</b>	Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address <b>PO Box 360001</b>			Allocated Activity or Event Year-To-Date 509849.42	
City <b>Fort Lauderdale</b>	State <b>FL</b>	Zip Code <b>33336</b>	Date <input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>	
Purpose of Disbursement: <b>Travel/Accommodation /Meals</b>		Category/ Type	Date	
Activity or Event Identifier: <b>PSP13</b>				
<b>See Attached Memo Entry</b>				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
945.16			945.16	1890.32

B. Full Name (Last, First, Middle Initial) <b>HOTELS.COM US1120286</b>		Transaction ID : <b>H4-205929-10000</b>	Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address <b>333 108TH AVE NE</b>			Allocated Activity or Event Year-To-Date	
City <b>Bellevue</b>	State <b>NV</b>	Zip Code <b>98004-5736</b>	Date <input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>	
Purpose of Disbursement: <b>Travel/Accommodation /Meals</b>		Category/ Type	Date	
Activity or Event Identifier: <b>[MEMO ITEM] Memo Entry</b>				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
46.91			46.91	93.82

C. Full Name (Last, First, Middle Initial) <b>US AIRWAYS</b>		Transaction ID : <b>H4-205929-20000</b>	Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address <b>ATTN RWE-STX</b>			Allocated Activity or Event Year-To-Date	
City <b>Phoenix</b>	State <b>AZ</b>	Zip Code <b>85034</b>	Date <input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>	
Purpose of Disbursement: <b>Travel/Accommodation /Meals</b>		Category/ Type	Date	
Activity or Event Identifier: <b>[MEMO ITEM] Memo Entry</b>				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
37.45			37.45	74.90

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
945.16		945.16		1890.32

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

Form A: Full Name (Last, First, Middle Initial) Transaction ID : H4-205929-30000. AMERICAN AIRLINES. Mailing Address AMERICAN AIRLINES-CCS. City DALLAS State TX Zip Code 74133. Purpose of Disbursement: Travel/Accommodation /Meals. Allocated Activity or Event: Fundraising. Date 04/17/2013. FEDERAL SHARE 29.45, NONFEDERAL SHARE 29.45, TOTAL AMOUNT 58.90.

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4-205929-40000. AMERICAN AIRLINES. Mailing Address AMERICAN AIRLINES-CCS. City DALLAS State TX Zip Code 74133. Purpose of Disbursement: Travel/Accommodation /Meals. Allocated Activity or Event: Fundraising. Date 04/17/2013. FEDERAL SHARE 50.45, NONFEDERAL SHARE 50.45, TOTAL AMOUNT 100.90.

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4-205929-50000. AMERICAN AIRLINES. Mailing Address AMERICAN AIRLINES-CCS. City DALLAS State TX Zip Code 74133. Purpose of Disbursement: Travel/Accommodation /Meals. Allocated Activity or Event: Fundraising. Date 04/17/2013. FEDERAL SHARE 65.95, NONFEDERAL SHARE 65.95, TOTAL AMOUNT 131.90.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 0.00, 0.00, 0.00.

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 0.00, 0.00, 0.00.



SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

A. Full Name (Last, First, Middle Initial) <b>AMERICAN AIRLINES</b>		Transaction ID : H4-205929-60000		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address AMERICAN AIRLINES-CCS				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City DALLAS State TX Zip Code 74133				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Travel/Accommodation /Meals		Category/ Type		Allocated Activity or Event Year-To-Date	
Activity or Event Identifier:				Date 04 / 17 / 2013	
[MEMO ITEM] Memo Entry					
FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT	
129.90		129.90		259.80	

B. Full Name (Last, First, Middle Initial) <b>WILDWOOD KITCHEN 000</b>		Transaction ID : H4-205929-70000		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 10223 OLD GEORGETOWN RD				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City BETHESDA State MD Zip Code 20814-1901				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Travel/Accommodation /Meals		Category/ Type		Allocated Activity or Event Year-To-Date	
Activity or Event Identifier:				Date 04 / 17 / 2013	
[MEMO ITEM] Memo Entry					
FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT	
25.20		25.20		50.40	

C. Full Name (Last, First, Middle Initial) <b>AMTRAK</b>		Transaction ID : H4-205929-80000		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 60 MASSACHUSETTS AVE NE				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City WASHINGTON State DC Zip Code 20002				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Travel/Accommodation /Meals		Category/ Type		Allocated Activity or Event Year-To-Date	
Activity or Event Identifier:				Date 04 / 17 / 2013	
[MEMO ITEM] Memo Entry					
FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT	
148.50		148.50		297.00	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

A. Full Name (Last, First, Middle Initial) Transaction ID : H4-205929-90000
AMERICAN AIRLINES
Mailing Address AMERICAN AIRLINES-CCS
City DALLAS State TX Zip Code 74133
Purpose of Disbursement: Travel/Accommodation /Meals
Activity or Event Identifier:
[MEMO ITEM] Memo Entry
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
71.95 71.95 143.90

B. Full Name (Last, First, Middle Initial) Transaction ID : H4-205929-100000
UNITED AIRLINES
Mailing Address 600 JEFFERSON ST
City HOUSTON State TX Zip Code 77002-7393
Purpose of Disbursement: Travel/Accommodation /Meals
Activity or Event Identifier:
[MEMO ITEM] Memo Entry
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
339.40 339.40 678.80

C. Full Name (Last, First, Middle Initial) Transaction ID : H4-205931
American Express
Mailing Address PO Box 360001
City Fort Lauderdale State FL Zip Code 33336
Purpose of Disbursement: Office Supplies Credit
Activity or Event Identifier: PSP13
See Attached Memo Entry
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
-10.74 -10.74 -21.48

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: -10.74, -10.74, -21.48

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values are empty.

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

A. Full Name (Last, First, Middle Initial) <b>STAPLES INC. 00472</b>		Transaction ID : H4-205931-10000		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 500 STAPLES DR				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City PUTNAM State CT Zip Code 01702-4474				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Office Supplies Credit		Category/Type		Allocated Activity or Event Year-To-Date	
Activity or Event Identifier:				Date 04 / 17 / 2013	
[MEMO ITEM] Memo Entry					
FEDERAL SHARE		+ NONFEDERAL SHARE		= TOTAL AMOUNT	
-10.74		-10.74		-21.48	

B. Full Name (Last, First, Middle Initial) <b>American Express</b>		Transaction ID : H4-205932		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address PO Box 360001				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Fort Lauderdale State FL Zip Code 33336				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Publication & Dues		Category/Type		Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: PSP13				Date 04 / 17 / 2013	
See Attached Memo Entry					
FEDERAL SHARE		+ NONFEDERAL SHARE		= TOTAL AMOUNT	
15.09		15.09		30.18	

C. Full Name (Last, First, Middle Initial) <b>NEW YORK TIMES</b>		Transaction ID : H4-205932-10000		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 620 8TH AVE				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City NEW YORK State NY Zip Code 10018-1604				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Publication & Dues		Category/Type		Allocated Activity or Event Year-To-Date	
Activity or Event Identifier:				Date 04 / 17 / 2013	
[MEMO ITEM] Memo Entry					
FEDERAL SHARE		+ NONFEDERAL SHARE		= TOTAL AMOUNT	
15.09		15.09		30.18	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15.09		15.09		30.18

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

**EMILY's List**

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : H4-205933</b> <b>American Express</b>		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 360001			
City State Zip Code Fort Lauderdale FL 33335			
Purpose of Disbursement: Parking Fees & Travel/Accommodation /Meals	<input type="text"/>	Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     _____ 510022.43                 </div>	
Activity or Event Identifier: <b>PSP13</b>	Category/ Type	Date <input type="text"/> / <input type="text"/> / <input type="text"/> 04 / 17 / 2013	
See Attached Memo Entry			
FEDERAL SHARE	+	NONFEDERAL SHARE	=
<div style="border: 1px solid black; padding: 2px; display: inline-block;">                 _____ 82.15             </div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">                 _____ 82.16             </div>	=
		<div style="border: 1px solid black; padding: 2px; display: inline-block;">                 _____ 164.31             </div>	

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : H4-205933-10000</b> <b>Yellow Cab Seattle Y</b>		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 110 5TH ST			
City State Zip Code Seattle WA 94103-2918			
Purpose of Disbursement: Travel/Accommodation /Meals	<input type="text"/>	Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     _____                 </div>	
Activity or Event Identifier: <b>[MEMO ITEM] Memo Entry</b>	Category/ Type	Date <input type="text"/> / <input type="text"/> / <input type="text"/> 04 / 17 / 2013	
FEDERAL SHARE	+	NONFEDERAL SHARE	=
<div style="border: 1px solid black; padding: 2px; display: inline-block;">                 _____ 25.65             </div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">                 _____ 25.64             </div>	=
		<div style="border: 1px solid black; padding: 2px; display: inline-block;">                 _____ 51.29             </div>	

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : H4-205933-20000</b> <b>PARK SFO PARK SFO</b>		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 237 HARBOR WAY			
City State Zip Code SOUTH SAN FRANCISC CA 94080-6811			
Purpose of Disbursement: Parking Fees	<input type="text"/>	Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     _____                 </div>	
Activity or Event Identifier: <b>[MEMO ITEM] Memo Entry</b>	Category/ Type	Date <input type="text"/> / <input type="text"/> / <input type="text"/> 04 / 17 / 2013	
FEDERAL SHARE	+	NONFEDERAL SHARE	=
<div style="border: 1px solid black; padding: 2px; display: inline-block;">                 _____ 24.22             </div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">                 _____ 24.22             </div>	=
		<div style="border: 1px solid black; padding: 2px; display: inline-block;">                 _____ 48.44             </div>	

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<div style="border: 1px solid black; padding: 2px; display: inline-block;">                 _____ 82.15             </div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">                 _____ 82.16             </div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">                 _____ 164.31             </div>

**TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))**

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<div style="border: 1px solid black; padding: 2px; display: inline-block;">                 _____             </div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">                 _____             </div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">                 _____             </div>

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

Form A: Full Name (Last, First, Middle Initial) PARK SFO PARK SFO, Transaction ID : H4-205933-30000, Allocated Activity or Event: Fundraising, Date: 04/17/2013, FEDERAL SHARE: 16.15, NONFEDERAL SHARE: 16.14, TOTAL AMOUNT: 32.29

Form B: Full Name (Last, First, Middle Initial) PARK SFO PARK SFO, Transaction ID : H4-205933-40000, Allocated Activity or Event: Fundraising, Date: 04/17/2013, FEDERAL SHARE: 16.13, NONFEDERAL SHARE: 16.16, TOTAL AMOUNT: 32.29

Form C: Full Name (Last, First, Middle Initial) American Express, Transaction ID : H4-205934, Allocated Activity or Event: Fundraising, Date: 04/17/2013, FEDERAL SHARE: 1457.63, NONFEDERAL SHARE: 1457.64, TOTAL AMOUNT: 2915.27

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 1457.63, 1457.64, 2915.27

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [Empty], [Empty], [Empty]

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

Form A: Full Name (Last, First, Middle Initial) Transaction ID : H4-205934-10000. Allocated Activity or Event: Administrative, Fundraising, Exempt, Voter Drive, Direct Candidate Support, Public Comm. Date: 04/17/2013. Amounts: FEDERAL SHARE 112.96, NONFEDERAL SHARE 112.96, TOTAL AMOUNT 225.92.

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4-205934-20000. Allocated Activity or Event: Administrative, Fundraising, Exempt, Voter Drive, Direct Candidate Support, Public Comm. Date: 04/17/2013. Amounts: FEDERAL SHARE 43.50, NONFEDERAL SHARE 43.49, TOTAL AMOUNT 86.99.

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4-205934-30000. Allocated Activity or Event: Administrative, Fundraising, Exempt, Voter Drive, Direct Candidate Support, Public Comm. Date: 04/17/2013. Amounts: FEDERAL SHARE 5.86, NONFEDERAL SHARE 5.85, TOTAL AMOUNT 11.71.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 0.00, 0.00, 0.00.

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 0.00, 0.00, 0.00.

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

A. Full Name (Last, First, Middle Initial) Transaction ID : H4-205934-40000
RUNWAY SEDAN SERVICE
Mailing Address 9319 PICO VISTA RD
City DOWNEY State CA Zip Code 90240-2524
Purpose of Disbursement: Travel/Accommodation /Meals
Activity or Event Identifier:
[MEMO ITEM] Memo Entry
FEDERAL SHARE 302.50 + NONFEDERAL SHARE 302.50 = TOTAL AMOUNT 605.00

B. Full Name (Last, First, Middle Initial) Transaction ID : H4-205934-50000
RD LIMOUSINE SERVI
Mailing Address 9220 TELEGRAPH RD APT 126
City DOWNEY State CA Zip Code 90240
Purpose of Disbursement: Travel/Accommodation /Meals
Activity or Event Identifier:
[MEMO ITEM] Memo Entry
FEDERAL SHARE 242.50 + NONFEDERAL SHARE 242.50 = TOTAL AMOUNT 485.00

C. Full Name (Last, First, Middle Initial) Transaction ID : H4-205934-60000
Beverly Hills Cab Co
Mailing Address 6102 VENICE BLVD
City Los Angeles State CA Zip Code 90034-2218
Purpose of Disbursement: Travel/Accommodation /Meals
Activity or Event Identifier:
[MEMO ITEM] Memo Entry
FEDERAL SHARE 27.43 + NONFEDERAL SHARE 27.42 = TOTAL AMOUNT 54.85

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 0.00, 0.00, 0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [Empty], [Empty], [Empty]

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

A. Full Name (Last, First, Middle Initial) Transaction ID : H4-205934-70000
Allocated Activity or Event:
LE PAIN QUOTIDIEN
Mailing Address 113 N LARCHMONT BLVD
City LOS ANGELES State CA Zip Code 90004
Purpose of Disbursement: Travel/Accommodation /Meals
Activity or Event Identifier:
[MEMO ITEM] Memo Entry
FEDERAL SHARE 19.78 + NONFEDERAL SHARE 19.77 = TOTAL AMOUNT 39.55

B. Full Name (Last, First, Middle Initial) Transaction ID : H4-205934-80000
Allocated Activity or Event:
Starbucks #00659 Los
Mailing Address BRENTWOOD VILLAGE COURT
City Los Angeles State CA Zip Code 90049
Purpose of Disbursement: Travel/Accommodation /Meals
Activity or Event Identifier:
[MEMO ITEM] Memo Entry
FEDERAL SHARE 3.38 + NONFEDERAL SHARE 3.37 = TOTAL AMOUNT 6.75

C. Full Name (Last, First, Middle Initial) Transaction ID : H4-205934-90000
Allocated Activity or Event:
VINCENTI RISTORANTE
Mailing Address 11930 SAN VICENTE BLVD
City LOS ANGELES State CA Zip Code 90049-5004
Purpose of Disbursement: Travel/Accommodation /Meals
Activity or Event Identifier:
[MEMO ITEM] Memo Entry
FEDERAL SHARE 191.37 + NONFEDERAL SHARE 191.36 = TOTAL AMOUNT 382.73

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 0.00, 0.00, 0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [Empty], [Empty], [Empty]



SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

Form A: NAPA FARMS MARKET, Transaction ID: H4-205934-100000. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, and Allocated Activity or Event. Total amount: 4.13.

Form B: NAPA FARMS MARKET, Transaction ID: H4-205934-110000. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, and Allocated Activity or Event. Total amount: 7.65.

Form C: BOULETTE'S LARDER 00, Transaction ID: H4-205934-120000. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, and Allocated Activity or Event. Total amount: 109.55.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 0.00, 0.00, 0.00.

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [blank], [blank], [blank].

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

Form A: Full Name (Last, First, Middle Initial) ACE PARKING LOT #411, Transaction ID: H4-205934-130000. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, and Allocated Activity or Event. Total amount: 24.50.

Form B: Full Name (Last, First, Middle Initial) PEET'S #07102, Transaction ID: H4-205934-140000. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, and Allocated Activity or Event. Total amount: 9.60.

Form C: Full Name (Last, First, Middle Initial) TIA MARGARITA, Transaction ID: H4-205934-150000. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, and Allocated Activity or Event. Total amount: 132.38.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 0.00, 0.00, 0.00.

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [Empty], [Empty], [Empty].

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

<b>A. Full Name (Last, First, Middle Initial)</b> <b>VIRGIN AMERICA</b> Mailing Address 555 AIRPORT BLVD City SAN FRANCISCO State CA Zip Code 94010-2036 Purpose of Disbursement: Travel/Accommodation /Meals Activity or Event Identifier: <b>[MEMO ITEM] Memo Entry</b>		<b>Transaction ID : H4-205934-160000</b> Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date 04 / 17 / 2013 Category/Type FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 98.45 + 98.45 = 196.90
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<b>B. Full Name (Last, First, Middle Initial)</b> <b>PEET'S COFFEE SFO-#3</b> Mailing Address SAN FRAN INTL AIRPORT City SAN FRANCISCO State CA Zip Code 94110-5655 Purpose of Disbursement: Travel/Accommodation /Meals Activity or Event Identifier: <b>[MEMO ITEM] Memo Entry</b>		<b>Transaction ID : H4-205934-170000</b> Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date 04 / 17 / 2013 Category/Type FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 3.57 + 3.56 = 7.13
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<b>C. Full Name (Last, First, Middle Initial)</b> <b>DOUBLETREE GUEST STE</b> Mailing Address 1707 4TH ST City SANTA MONICA State CA Zip Code 90401-3301 Purpose of Disbursement: Travel/Accommodation /Meals Activity or Event Identifier: <b>[MEMO ITEM] Memo Entry</b>		<b>Transaction ID : H4-205934-180000</b> Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date 04 / 17 / 2013 Category/Type FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 166.23 + 166.23 = 332.46
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SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

<b>A. Full Name (Last, First, Middle Initial)</b> <b>DOUBLETREE GUEST STE</b> Mailing Address 1707 4TH ST City SANTA MONICA State CA Zip Code 90401-3301 Purpose of Disbursement: Travel/Accommodation /Meals Activity or Event Identifier: <b>[MEMO ITEM] Memo Entry</b>		<b>Transaction ID : H4-205934-190000</b> Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date 04 / 17 / 2013 FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 2.56 + 2.55 = 5.11
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<b>B. Full Name (Last, First, Middle Initial)</b> <b>RITE AID 5488 RITE A</b> Mailing Address 1331 WILSHIRE BLVD City SANTA MONICA State CA Zip Code 90403-5410 Purpose of Disbursement: Travel/Accommodation /Meals Activity or Event Identifier: <b>[MEMO ITEM] Memo Entry</b>		<b>Transaction ID : H4-205934-200000</b> Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date 04 / 17 / 2013 FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 5.41 + 5.41 = 10.82
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<b>C. Full Name (Last, First, Middle Initial)</b> <b>STARBUCKS CTE 271561</b> Mailing Address SEA-TAC INT'L AIRPORT, City SEATTLE State WA Zip Code 98158 Purpose of Disbursement: Travel/Accommodation /Meals Activity or Event Identifier: <b>[MEMO ITEM] Memo Entry</b>		<b>Transaction ID : H4-205934-210000</b> Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date 04 / 17 / 2013 FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 1.45 + 1.45 = 2.90
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SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

<b>A. Full Name (Last, First, Middle Initial)</b> <b>YELLOW CARD SERVICES</b> Mailing Address 74 SOUTH HUDSON City SEATTLE State WA Zip Code 98134 Purpose of Disbursement: Travel/Accommodation /Meals Activity or Event Identifier: <b>[MEMO ITEM] Memo Entry</b>		<b>Transaction ID : H4-205934-220000</b> Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date 04 / 17 / 2013
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 24.45 + 24.45 = 48.90		Category/Type Date

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Starbucks #03298 Sea</b> Mailing Address 7TH & PIKEELLIOTT HOTEL City Seattle State WA Zip Code 98101 Purpose of Disbursement: Travel/Accommodation /Meals Activity or Event Identifier: <b>[MEMO ITEM] Memo Entry</b>		<b>Transaction ID : H4-205934-230000</b> Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date 04 / 17 / 2013
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 1.45 + 1.45 = 2.90		Category/Type Date

<b>C. Full Name (Last, First, Middle Initial)</b> <b>TAYLOR SHELLFISH RET</b> Mailing Address 130 SE LYNCH RD City SEATTLE State WA Zip Code 98584-8615 Purpose of Disbursement: Travel/Accommodation /Meals Activity or Event Identifier: <b>[MEMO ITEM] Memo Entry</b>		<b>Transaction ID : H4-205934-240000</b> Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date 04 / 17 / 2013
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 16.02 + 16.02 = 32.04		Category/Type Date

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

Form A: PF CHANGS #9957 0081. Transaction ID: H4-205934-250000. Allocated Activity: Fundraising. Date: 04/17/2013. Amounts: FEDERAL SHARE 7.45, NONFEDERAL SHARE 7.45, TOTAL AMOUNT 14.90.

Form B: Starbucks #03298 Sea. Transaction ID: H4-205934-260000. Allocated Activity: Fundraising. Date: 04/17/2013. Amounts: FEDERAL SHARE 2.69, NONFEDERAL SHARE 2.68, TOTAL AMOUNT 5.37.

Form C: TERRA PLATA. Transaction ID: H4-205934-270000. Allocated Activity: Fundraising. Date: 04/17/2013. Amounts: FEDERAL SHARE 34.70, NONFEDERAL SHARE 34.83, TOTAL AMOUNT 69.53.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 0.00, 0.00, 0.00.

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: (empty), (empty), (empty).

**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

**EMILY's List**

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : H4-205935</b> <b>American Express</b>		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 360001		Allocated Activity or Event Year-To-Date 516576.19	
City State Zip Code Fort Lauderdale FL 33336	Category/ Type	Date <input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>	
Purpose of Disbursement: Travel/Accommodation /Meals		Allocated Activity or Event Year-To-Date 1819.24 + 1819.25 = 3638.49	
Activity or Event Identifier: <b>PSP13</b> See Attached Memo Entry			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
1819.24 + 1819.25 = 3638.49			

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : H4-205935-10000</b> <b>Hilton Advance Purch</b>		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 755 CROSSOVER LN		Allocated Activity or Event Year-To-Date	
City State Zip Code Memphis TN 38117-4900	Category/ Type	Date <input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>	
Purpose of Disbursement: Travel/Accommodation /Meals		Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: <b>[MEMO ITEM] Memo Entry</b>			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
148.84 + 148.84 = 297.68			

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : H4-205935-20000</b> <b>RENT A CAR TOLLS 866</b>		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 9 PARK PL		Allocated Activity or Event Year-To-Date	
City State Zip Code Great Neck NY 11021-5030	Category/ Type	Date <input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>	
Purpose of Disbursement: Travel/Accommodation /Meals		Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: <b>[MEMO ITEM] Memo Entry</b>			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
1.75 + 1.75 = 3.50			

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1819.24		1819.25		3638.49

**TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))**

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
1819.24	1819.25	3638.49

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

<b>A. Full Name (Last, First, Middle Initial)</b> <b>AVIS RENT A CAR TOLL</b> Mailing Address 9 PARK PL City State Zip Code Great Neck NY 11021-5030 Purpose of Disbursement: Travel/Accommodation /Meals Activity or Event Identifier: <b>[MEMO ITEM] Memo Entry</b>		<b>Transaction ID : H4-205935-30000</b> Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date <input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2013"/> Category/Type FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT <input type="text" value="8.12"/> + <input type="text" value="8.12"/> = <input type="text" value="16.24"/>
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<b>B. Full Name (Last, First, Middle Initial)</b> <b>DIAMOND CAB DIAMOND</b> Mailing Address 110 5TH ST City State Zip Code Arlington VA 94103-2918 Purpose of Disbursement: Travel/Accommodation /Meals Activity or Event Identifier: <b>[MEMO ITEM] Memo Entry</b>		<b>Transaction ID : H4-205935-40000</b> Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date <input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2013"/> Category/Type FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT <input type="text" value="16.50"/> + <input type="text" value="16.50"/> = <input type="text" value="33.00"/>
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<b>C. Full Name (Last, First, Middle Initial)</b> <b>diamond cab diamond</b> Mailing Address 110 5TH ST City State Zip Code Arlington VA 94103-2918 Purpose of Disbursement: Travel/Accommodation /Meals Activity or Event Identifier: <b>[MEMO ITEM] Memo Entry</b>		<b>Transaction ID : H4-205935-50000</b> Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date <input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2013"/> Category/Type FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT <input type="text" value="16.00"/> + <input type="text" value="16.00"/> = <input type="text" value="32.00"/>
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SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="0.00"/>		<input type="text" value="0.00"/>		<input type="text" value="0.00"/>

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>



SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

<b>A. Full Name (Last, First, Middle Initial)</b> <b>NEW AMERICAN C232691</b> Mailing Address 465 HUNTINGTON AVE City BOSTON State MA Zip Code 02115-5523 Purpose of Disbursement: Travel/Accommodation /Meals Activity or Event Identifier:		<b>Transaction ID : H4-205935-60000</b> Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date 04 / 17 / 2013
<b>[MEMO ITEM] Memo Entry</b> FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 30.76 + 30.76 = 61.52		Category/Type Date 04 / 17 / 2013

<b>B. Full Name (Last, First, Middle Initial)</b> <b>ORBITZ.COM</b> Mailing Address 500 W MADISON ST City CHICAGO State IL Zip Code 60661-2559 Purpose of Disbursement: Travel/Accommodation /Meals Activity or Event Identifier:		<b>Transaction ID : H4-205935-70000</b> Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date 04 / 17 / 2013
<b>[MEMO ITEM] Memo Entry</b> FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 5.50 + 5.49 = 10.99		Category/Type Date 04 / 17 / 2013

<b>C. Full Name (Last, First, Middle Initial)</b> <b>ORBITZ.COM</b> Mailing Address 500 W MADISON ST City CHICAGO State IL Zip Code 60661-2559 Purpose of Disbursement: Travel/Accommodation /Meals Activity or Event Identifier:		<b>Transaction ID : H4-205935-80000</b> Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date 04 / 17 / 2013
<b>[MEMO ITEM] Memo Entry</b> FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 5.50 + 5.49 = 10.99		Category/Type Date 04 / 17 / 2013

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

<b>A. Full Name (Last, First, Middle Initial)</b> <b>LA VIE EN RAW</b> Mailing Address 3808 SW 8TH ST City CORAL GABLES State FL Zip Code 33134-3002 Purpose of Disbursement: Travel/Accommodation /Meals Activity or Event Identifier: <b>[MEMO ITEM] Memo Entry</b>		<b>Transaction ID : H4-205935-90000</b> Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date 04 / 17 / 2013 Category/Type FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 3.00 + 3.00 = 6.00
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<b>B. Full Name (Last, First, Middle Initial)</b> <b>BISTRO 41</b> Mailing Address 13499 S. CLEVELAND AVE City FORT MYERS State FL Zip Code 33907 Purpose of Disbursement: Travel/Accommodation /Meals Activity or Event Identifier: <b>[MEMO ITEM] Memo Entry</b>		<b>Transaction ID : H4-205935-100000</b> Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date 04 / 17 / 2013 Category/Type FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 44.21 + 44.20 = 88.41
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<b>C. Full Name (Last, First, Middle Initial)</b> <b>MILDRED'S BIG CITY F</b> Mailing Address 3445 W UNIVERSITY AVE City GAINESVILLE State FL Zip Code 32607-2402 Purpose of Disbursement: Travel/Accommodation /Meals Activity or Event Identifier: <b>[MEMO ITEM] Memo Entry</b>		<b>Transaction ID : H4-205935-110000</b> Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date 04 / 17 / 2013 Category/Type FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 22.54 + 22.54 = 45.08
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SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

A. Full Name (Last, First, Middle Initial) <b>OTG MCO VENTURE II,</b>		Transaction ID : <b>H4-205935-120000</b>		Allocated Activity or Event:	
Mailing Address <b>ORLANDO INTERNATIONAL AIR</b>				<input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City <b>JAMAICA</b> State <b>NY</b> Zip Code <b>32827</b>				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: Travel/Accommodation /Meals				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier:		Category/Type		Allocated Activity or Event Year-To-Date	
[MEMO ITEM] Memo Entry				Date <input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>	
FEDERAL SHARE		+ NONFEDERAL SHARE		= TOTAL AMOUNT	
<input type="text" value="10.10"/>		<input type="text" value="10.09"/>		<input type="text" value="20.19"/>	

B. Full Name (Last, First, Middle Initial) <b>BOS TAXI 0565 090105</b>		Transaction ID : <b>H4-205935-130000</b>		Allocated Activity or Event:	
Mailing Address <b>4250 24TH ST</b>				<input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City <b>LONG ISLAND CITY</b> State <b>NY</b> Zip Code <b>11101-4608</b>				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: Travel/Accommodation /Meals				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier:		Category/Type		Allocated Activity or Event Year-To-Date	
[MEMO ITEM] Memo Entry				Date <input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>	
FEDERAL SHARE		+ NONFEDERAL SHARE		= TOTAL AMOUNT	
<input type="text" value="9.70"/>		<input type="text" value="9.70"/>		<input type="text" value="19.40"/>	

C. Full Name (Last, First, Middle Initial) <b>BOS TAXI 1382 090105</b>		Transaction ID : <b>H4-205935-140000</b>		Allocated Activity or Event:	
Mailing Address <b>4250 24TH ST</b>				<input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City <b>LONG ISLAND CITY</b> State <b>NY</b> Zip Code <b>11101-4608</b>				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: Travel/Accommodation /Meals				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier:		Category/Type		Allocated Activity or Event Year-To-Date	
[MEMO ITEM] Memo Entry				Date <input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>	
FEDERAL SHARE		+ NONFEDERAL SHARE		= TOTAL AMOUNT	
<input type="text" value="15.90"/>		<input type="text" value="15.90"/>		<input type="text" value="31.80"/>	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="0.00"/>		<input type="text" value="0.00"/>		<input type="text" value="0.00"/>

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
<input type="text" value=""/>		<input type="text" value=""/>		<input type="text" value=""/>

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

A. Full Name (Last, First, Middle Initial) <b>BOSTON TAXI VTS BOST</b>		Transaction ID : H4-205935-150000		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 3703 21ST ST				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City State Zip Code LONG ISLAND CITY NY 11101-3502				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Travel/Accommodation /Meals		Category/ Type		Allocated Activity or Event Year-To-Date	
Activity or Event Identifier:				Date M M M / D D D / Y Y Y Y Y Y 04 17 2013	
[MEMO ITEM] Memo Entry					
FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT	
3.70		3.70		7.40	

B. Full Name (Last, First, Middle Initial) <b>BOSTON TAXI VTS BOST</b>		Transaction ID : H4-205935-160000		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 3703 21ST ST				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City State Zip Code LONG ISLAND CITY NY 11101-3502				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Travel/Accommodation /Meals		Category/ Type		Allocated Activity or Event Year-To-Date	
Activity or Event Identifier:				Date M M M / D D D / Y Y Y Y Y Y 04 17 2013	
[MEMO ITEM] Memo Entry					
FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT	
7.70		7.70		15.40	

C. Full Name (Last, First, Middle Initial) <b>AMERICAN AIRLINES IN</b>		Transaction ID : H4-205935-170000		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address AMERICAN AIRLINES-CCS				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City State Zip Code MANKATO MN 74133-1275				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Travel/Accommodation /Meals		Category/ Type		Allocated Activity or Event Year-To-Date	
Activity or Event Identifier:				Date M M M / D D D / Y Y Y Y Y Y 04 17 2013	
[MEMO ITEM] Memo Entry					
FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT	
153.45		153.45		306.90	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

A. Full Name (Last, First, Middle Initial) <b>AMERICAN AIRLINES IN</b>		Transaction ID : <b>H4-205935-180000</b>		Allocated Activity or Event:	
Mailing Address <b>AMERICAN AIRLINES-CCS</b>				<input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City <b>MANKATO</b> State <b>MN</b> Zip Code <b>74133-1275</b>				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: Travel/Accommodation /Meals				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier:		Category/ Type		Allocated Activity or Event Year-To-Date	
[MEMO ITEM] Memo Entry				Date <input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>	
FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT	
<input type="text" value="164.90"/>		<input type="text" value="164.90"/>		<input type="text" value="329.80"/>	

B. Full Name (Last, First, Middle Initial) <b>AMERICAN AIRLINES IN</b>		Transaction ID : <b>H4-205935-190000</b>		Allocated Activity or Event:	
Mailing Address <b>AMERICAN AIRLINES-CCS</b>				<input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City <b>MANKATO</b> State <b>MN</b> Zip Code <b>74133-1275</b>				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: Travel/Accommodation /Meals				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier:		Category/ Type		Allocated Activity or Event Year-To-Date	
[MEMO ITEM] Memo Entry				Date <input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>	
FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT	
<input type="text" value="149.90"/>		<input type="text" value="149.90"/>		<input type="text" value="299.80"/>	

C. Full Name (Last, First, Middle Initial) <b>US AIRWAYS INC.</b>		Transaction ID : <b>H4-205935-200000</b>		Allocated Activity or Event:	
Mailing Address <b>4000 E SKY HARBOR BLVD</b>				<input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City <b>MANKATO</b> State <b>MN</b> Zip Code <b>85034-0664</b>				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: Travel/Accommodation /Meals				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier:		Category/ Type		Allocated Activity or Event Year-To-Date	
[MEMO ITEM] Memo Entry				Date <input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>	
FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT	
<input type="text" value="187.40"/>		<input type="text" value="187.40"/>		<input type="text" value="374.80"/>	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="0.00"/>		<input type="text" value="0.00"/>		<input type="text" value="0.00"/>

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

<b>A. Full Name (Last, First, Middle Initial)</b> <b>AVIS RENT A CAR</b> <b>Transaction ID : H4-205935-210000</b>		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address SEND ALL MAIL TO		Allocated Activity or Event Year-To-Date	
City MIAMI	State FL	Zip Code 11530	<input type="text"/>
Purpose of Disbursement: Travel/Accommodation /Meals		<input type="text"/>	Date <input type="text"/> 04 / <input type="text"/> 17 / <input type="text"/> 2013
Activity or Event Identifier: <b>[MEMO ITEM] Memo Entry</b>			<input type="text"/>
FEDERAL SHARE		+ NONFEDERAL SHARE	= TOTAL AMOUNT
<input type="text"/> 77.83		<input type="text"/> 77.83	<input type="text"/> 155.66

<b>B. Full Name (Last, First, Middle Initial)</b> <b>AVIS RENT A CAR</b> <b>Transaction ID : H4-205935-220000</b>		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address SEND ALL MAIL TO		Allocated Activity or Event Year-To-Date	
City ORLANDO	State FL	Zip Code 11530	<input type="text"/>
Purpose of Disbursement: Travel/Accommodation /Meals		<input type="text"/>	Date <input type="text"/> 04 / <input type="text"/> 17 / <input type="text"/> 2013
Activity or Event Identifier: <b>[MEMO ITEM] Memo Entry</b>			<input type="text"/>
FEDERAL SHARE		+ NONFEDERAL SHARE	= TOTAL AMOUNT
<input type="text"/> 113.32		<input type="text"/> 113.32	<input type="text"/> 226.64

<b>C. Full Name (Last, First, Middle Initial)</b> <b>RAMADA SUITES ORLAND</b> <b>Transaction ID : H4-205935-230000</b>		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 7500 AUGUSTA NATIONAL DR		Allocated Activity or Event Year-To-Date	
City ORLANDO	State FL	Zip Code 32822-5020	<input type="text"/>
Purpose of Disbursement: Travel/Accommodation /Meals		<input type="text"/>	Date <input type="text"/> 04 / <input type="text"/> 17 / <input type="text"/> 2013
Activity or Event Identifier: <b>[MEMO ITEM] Memo Entry</b>			<input type="text"/>
FEDERAL SHARE		+ NONFEDERAL SHARE	= TOTAL AMOUNT
<input type="text"/> 66.94		<input type="text"/> 66.94	<input type="text"/> 133.88

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text"/> 0.00		<input type="text"/> 0.00		<input type="text"/> 0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : H4-205935-240000</b> <b>RAMADA SUITES ORLAND</b> Mailing Address 7500 AUGUSTA NATIONAL DR		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC
City State Zip Code ORLANDO FL 32822-5020	Purpose of Disbursement: Travel/Accommodation /Meals	Allocated Activity or Event Year-To-Date _____
Activity or Event Identifier: <b>[MEMO ITEM] Memo Entry</b>	Category/ Type	Date <input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT		
<input type="text" value="66.94"/> + <input type="text" value="66.94"/> = <input type="text" value="133.88"/>		

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : H4-205935-250000</b> <b>PARC RESTAURANT</b> Mailing Address 225 S 18TH ST		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC
City State Zip Code PHILADELPHIA PA 19103-6128	Purpose of Disbursement: Travel/Accommodation /Meals	Allocated Activity or Event Year-To-Date _____
Activity or Event Identifier: <b>[MEMO ITEM] Memo Entry</b>	Category/ Type	Date <input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT		
<input type="text" value="24.79"/> + <input type="text" value="24.79"/> = <input type="text" value="49.58"/>		

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : H4-205935-260000</b> <b>TAVERN 17 TAVERN 17</b> Mailing Address 1701 LOCUST ST		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC
City State Zip Code PHILADELPHIA PA 19103-6120	Purpose of Disbursement: Travel/Accommodation /Meals	Allocated Activity or Event Year-To-Date _____
Activity or Event Identifier: <b>[MEMO ITEM] Memo Entry</b>	Category/ Type	Date <input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT		
<input type="text" value="1.00"/> + <input type="text" value="1.00"/> = <input type="text" value="2.00"/>		

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="0.00"/>		<input type="text" value="0.00"/>		<input type="text" value="0.00"/>

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

<b>A. Full Name (Last, First, Middle Initial)</b> <b>VTS PHILADELPHIA VER</b> Mailing Address 700 PACKER AVE		<b>Transaction ID : H4-205935-270000</b>		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City PHILADELPHIA State PA Zip Code 19148-5320		Purpose of Disbursement: Travel/Accommodation /Meals		Allocated Activity or Event Year-To-Date <input type="text"/>	
Activity or Event Identifier: <b>[MEMO ITEM] Memo Entry</b>		Category/Type <input type="text"/>		Date <input type="text"/> 04 / <input type="text"/> 17 / <input type="text"/> 2013	
FEDERAL SHARE		+ NONFEDERAL SHARE		= TOTAL AMOUNT	
<input type="text"/> 3.64		<input type="text"/> 3.64		<input type="text"/> 7.28	

<b>B. Full Name (Last, First, Middle Initial)</b> <b>VTS PHILADELPHIA VER</b> Mailing Address 700 PACKER AVE		<b>Transaction ID : H4-205935-280000</b>		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City PHILADELPHIA State PA Zip Code 19148-5320		Purpose of Disbursement: Travel/Accommodation /Meals		Allocated Activity or Event Year-To-Date <input type="text"/>	
Activity or Event Identifier: <b>[MEMO ITEM] Memo Entry</b>		Category/Type <input type="text"/>		Date <input type="text"/> 04 / <input type="text"/> 17 / <input type="text"/> 2013	
FEDERAL SHARE		+ NONFEDERAL SHARE		= TOTAL AMOUNT	
<input type="text"/> 4.21		<input type="text"/> 4.21		<input type="text"/> 8.42	

<b>C. Full Name (Last, First, Middle Initial)</b> <b>VTS PHILADELPHIA VER</b> Mailing Address 700 PACKER AVE		<b>Transaction ID : H4-205935-290000</b>		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City PHILADELPHIA State PA Zip Code 19148-5320		Purpose of Disbursement: Travel/Accommodation /Meals		Allocated Activity or Event Year-To-Date <input type="text"/>	
Activity or Event Identifier: <b>[MEMO ITEM] Memo Entry</b>		Category/Type <input type="text"/>		Date <input type="text"/> 04 / <input type="text"/> 17 / <input type="text"/> 2013	
FEDERAL SHARE		+ NONFEDERAL SHARE		= TOTAL AMOUNT	
<input type="text"/> 4.65		<input type="text"/> 4.64		<input type="text"/> 9.29	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text"/> 0.00		<input type="text"/> 0.00		<input type="text"/> 0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>



**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

**EMILY's List**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>VTS PHILADELPHIA VER</b>		<b>Transaction ID : H4-205935-300000</b>	<b>Allocated Activity or Event:</b> <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 700 PACKER AVE			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City PHILADELPHIA State PA Zip Code 19148-5320			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Travel/Accommodation /Meals		Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier:			Date <input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>	
[MEMO ITEM] Memo Entry				
FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="17.73"/>		<input type="text" value="17.73"/>		<input type="text" value="35.46"/>

<b>B. Full Name (Last, First, Middle Initial)</b> <b>SAM ADAMS BREWHOUSE</b>		<b>Transaction ID : H4-205935-310000</b>	<b>Allocated Activity or Event:</b> <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address PITTSBURGH AIRPORT BWING			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City PITTSBURGH State PA Zip Code 15231			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Travel/Accommodation /Meals		Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier:			Date <input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>	
[MEMO ITEM] Memo Entry				
FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="14.98"/>		<input type="text" value="14.97"/>		<input type="text" value="29.95"/>

<b>C. Full Name (Last, First, Middle Initial)</b> <b>CAFE EPICURE 00-0801</b>		<b>Transaction ID : H4-205935-320000</b>	<b>Allocated Activity or Event:</b> <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1298 NORTH PALM AVE			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City SARASOTA State FL Zip Code 34236			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Travel/Accommodation /Meals		Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier:			Date <input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>	
[MEMO ITEM] Memo Entry				
FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="26.43"/>		<input type="text" value="26.42"/>		<input type="text" value="52.85"/>

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="0.00"/>		<input type="text" value="0.00"/>		<input type="text" value="0.00"/>

**TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))**

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

A. Full Name (Last, First, Middle Initial) Transaction ID : H4-205935-330000
HOLIDAY INN LIDO BEACH
Mailing Address 233 BENJAMIN FRANKLIN DR
City SARASOTA State FL Zip Code 34236-1205
Purpose of Disbursement: Travel/Accommodation /Meals
Activity or Event Identifier:
[MEMO ITEM] Memo Entry
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
100.24 100.24 200.48

B. Full Name (Last, First, Middle Initial) Transaction ID : H4-205935-340000
HOLIDAY INN LIDO BEACH
Mailing Address 233 BENJAMIN FRANKLIN DR
City SARASOTA State FL Zip Code 34236-1205
Purpose of Disbursement: Travel/Accommodation /Meals
Activity or Event Identifier:
[MEMO ITEM] Memo Entry
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
116.53 116.52 233.05

C. Full Name (Last, First, Middle Initial) Transaction ID : H4-205935-350000
SUNOCO 0613263301
Mailing Address PO BOX 2301
City SARASOTA State FL Zip Code 74102-2301
Purpose of Disbursement: Travel/Accommodation /Meals
Activity or Event Identifier:
[MEMO ITEM] Memo Entry
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
7.63 7.63 15.26

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 0.00, 0.00, 0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [Empty], [Empty], [Empty]

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

<b>A. Full Name (Last, First, Middle Initial)</b> <b>GRAND CAB 182 882902</b> Transaction ID : H4-205935-360000		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 415 SILVER SPRINGS AVE		Allocated Activity or Event Year-To-Date <input type="text"/>	
City SILVER SPRINGS	State MD	Zip Code 20910	Date <input type="text"/> 04 / <input type="text"/> 17 / <input type="text"/> 2013
Purpose of Disbursement: Travel/Accommodation /Meals		Category/ Type <input type="text"/>	Allocated Activity or Event Year-To-Date <input type="text"/>
Activity or Event Identifier: [MEMO ITEM] Memo Entry			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<input type="text"/> 15.00 + <input type="text"/> 15.00 = <input type="text"/> 30.00			

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Berhanu Shitayewolde</b> Transaction ID : H4-205935-370000		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 110 5TH ST		Allocated Activity or Event Year-To-Date <input type="text"/>	
City Springfield	State VA	Zip Code 94103-2918	Date <input type="text"/> 04 / <input type="text"/> 17 / <input type="text"/> 2013
Purpose of Disbursement: Travel/Accommodation /Meals		Category/ Type <input type="text"/>	Allocated Activity or Event Year-To-Date <input type="text"/>
Activity or Event Identifier: [MEMO ITEM] Memo Entry			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<input type="text"/> 16.00 + <input type="text"/> 16.00 = <input type="text"/> 32.00			

<b>C. Full Name (Last, First, Middle Initial)</b> <b>AVIS RENT A CAR</b> Transaction ID : H4-205935-380000		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address SEND ALL MAIL TO		Allocated Activity or Event Year-To-Date <input type="text"/>	
City TAMPA	State FL	Zip Code 11530	Date <input type="text"/> 04 / <input type="text"/> 17 / <input type="text"/> 2013
Purpose of Disbursement: Travel/Accommodation /Meals		Category/ Type <input type="text"/>	Allocated Activity or Event Year-To-Date <input type="text"/>
Activity or Event Identifier: [MEMO ITEM] Memo Entry			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<input type="text"/> 81.47 + <input type="text"/> 81.47 = <input type="text"/> 162.94			

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text"/> 0.00		<input type="text"/> 0.00		<input type="text"/> 0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

PAGE 1332 OF 1350

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**EMILY's List**

A. Full Name (Last, First, Middle Initial) <b>POTBELLY 137 5429298</b>		Transaction ID : <b>H4-205935-390000</b>		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address SPACE #20A				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City State Zip Code WASHINGTON DC 20001				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Travel/Accommodation /Meals		Category/ Type		Allocated Activity or Event Year-To-Date	
Activity or Event Identifier:  <b>[MEMO ITEM] Memo Entry</b>				Date M M / D D / Y Y Y Y Y Y 04 / 17 / 2013	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT					
3.33 + 3.32 = 6.65					

B. Full Name (Last, First, Middle Initial) <b>LEBANESE TAVERNA WOO</b>		Transaction ID : <b>H4-205935-400000</b>		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 2641 CONNECTICUT AVE NW				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City State Zip Code WASHINGTON DC 20008-1522				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Travel/Accommodation /Meals		Category/ Type		Allocated Activity or Event Year-To-Date	
Activity or Event Identifier:  <b>[MEMO ITEM] Memo Entry</b>				Date M M / D D / Y Y Y Y Y Y 04 / 17 / 2013	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT					
25.90 + 25.90 = 51.80					

C. Full Name (Last, First, Middle Initial) <b>mesfin belache mesfi</b>		Transaction ID : <b>H4-205935-410000</b>		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 110 5TH ST				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City State Zip Code Washington DC 94103-2918				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Travel/Accommodation /Meals		Category/ Type		Allocated Activity or Event Year-To-Date	
Activity or Event Identifier:  <b>[MEMO ITEM] Memo Entry</b>				Date M M / D D / Y Y Y Y Y Y 04 / 17 / 2013	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT					
15.68 + 15.67 = 31.35					

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

Form A: PALMANO'S CAFE 06900. Transaction ID: H4-205935-420000. Mailing Address: 331 S PARK AVE, WINTER PARK, FL 32789-4371. Purpose: Travel/Accommodation /Meals. Date: 04/17/2013. Total Amount: 19.17.

Form B: American Express. Transaction ID: H4-205936. Mailing Address: PO Box 360001, Fort Lauderdale, FL 33336. Purpose: Flowers. Date: 04/17/2013. Total Amount: 121.69.

Form C: 1-800-FLOWERS.COM. Transaction ID: H4-205936-10000. Mailing Address: 1 OLD COUNTRY RD, Carle Place, NY 11514-1847. Purpose: Flowers. Date: 04/17/2013. Total Amount: 52.45.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Summary table for subtotal: FEDERAL SHARE 60.84, NONFEDERAL SHARE 60.85, TOTAL AMOUNT 121.69.

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Summary table for total: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT.

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

<b>A. Full Name (Last, First, Middle Initial)</b> <b>FTD*FTD.COM/800-SEND</b> Mailing Address PO BOX 2227		<b>Transaction ID : H4-205936-20000</b>		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City State Zip Code DOWNERS GROVE IL 48037-2227				Allocated Activity or Event Year-To-Date <input type="text"/>	
Purpose of Disbursement: Flowers		<input type="text"/>		Date <input type="text"/> / <input type="text"/> / <input type="text"/> 04 / 17 / 2013	
Activity or Event Identifier: <b>[MEMO ITEM] Memo Entry</b>		Category/ Type			
FEDERAL SHARE		+ NONFEDERAL SHARE		= TOTAL AMOUNT	
<input type="text"/> 34.61		<input type="text"/> 34.63		<input type="text"/> 69.24	

<b>B. Full Name (Last, First, Middle Initial)</b> <b>American Express</b> Mailing Address PO Box 360001		<b>Transaction ID : H4-205937</b>		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City State Zip Code Fort Lauderdale FL 33336				Allocated Activity or Event Year-To-Date <input type="text"/> 516762.88	
Purpose of Disbursement: Office Supplies Expenses		<input type="text"/>		Date <input type="text"/> / <input type="text"/> / <input type="text"/> 04 / 17 / 2013	
Activity or Event Identifier: <b>See Attached Memo Entry</b>		Category/ Type			
FEDERAL SHARE		+ NONFEDERAL SHARE		= TOTAL AMOUNT	
<input type="text"/> 32.50		<input type="text"/> 32.50		<input type="text"/> 65.00	

<b>C. Full Name (Last, First, Middle Initial)</b> <b>STAPLES 01612</b> Mailing Address 1509 WAUKEGAN RD		<b>Transaction ID : H4-205937-10000</b>		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City State Zip Code GLENVIEW IL 60025-2122				Allocated Activity or Event Year-To-Date <input type="text"/>	
Purpose of Disbursement: Office Supplies Expenses		<input type="text"/>		Date <input type="text"/> / <input type="text"/> / <input type="text"/> 04 / 17 / 2013	
Activity or Event Identifier: <b>[MEMO ITEM] Memo Entry</b>		Category/ Type			
FEDERAL SHARE		+ NONFEDERAL SHARE		= TOTAL AMOUNT	
<input type="text"/> 32.50		<input type="text"/> 32.50		<input type="text"/> 65.00	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text"/> 32.50		<input type="text"/> 32.50		<input type="text"/> 65.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

Form A: American Express. Transaction ID: H4-205938. Allocated Activity or Event: Fundraising. Date: 04/17/2013. Total Amount: 45.00.

Form B: PARKING METER ZONE 4. Transaction ID: H4-205938-10000. Allocated Activity or Event: Fundraising. Date: 04/17/2013. Total Amount: 8.00.

Form C: STERLING SELF PARK G. Transaction ID: H4-205938-20000. Allocated Activity or Event: Fundraising. Date: 04/17/2013. Total Amount: 27.00.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 22.50, 22.50, 45.00.

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [Empty], [Empty], [Empty].

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

<b>A. Full Name (Last, First, Middle Initial)</b> <b>GENERAL GPRK043602 G</b> <b>Transaction ID : H4-205938-30000</b>		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 525 W MONROE ST		Allocated Activity or Event Year-To-Date <input type="text"/>	
City CHICAGO State IL Zip Code 60661-3629	Date <input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>		
Purpose of Disbursement: Parking Fees	Category/Type <input type="text"/>		
Activity or Event Identifier:	Date <input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>		
<b>[MEMO ITEM] Memo Entry</b>			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<input type="text" value="5.00"/>		<input type="text" value="5.00"/>	
		<input type="text" value="10.00"/>	

<b>B. Full Name (Last, First, Middle Initial)</b> <b>American Express</b> <b>Transaction ID : H4-205939</b>		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 360001		Allocated Activity or Event Year-To-Date <input type="text" value="516853.88"/>	
City Fort Lauderdale State FL Zip Code 33336	Date <input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>		
Purpose of Disbursement: Postage	Category/Type <input type="text"/>		
Activity or Event Identifier: PSP13	Date <input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>		
<b>See Attached Memo Entry</b>			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<input type="text" value="23.00"/>		<input type="text" value="23.00"/>	
		<input type="text" value="46.00"/>	

<b>C. Full Name (Last, First, Middle Initial)</b> <b>USPS 163138002301409</b> <b>Transaction ID : H4-205939-10000</b>		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address ATTN TIM NIGBUR		Allocated Activity or Event Year-To-Date <input type="text"/>	
City GLENVIEW State IL Zip Code 53203	Date <input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>		
Purpose of Disbursement: Postage	Category/Type <input type="text"/>		
Activity or Event Identifier:	Date <input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>		
<b>[MEMO ITEM] Memo Entry</b>			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<input type="text" value="23.00"/>		<input type="text" value="23.00"/>	
		<input type="text" value="46.00"/>	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="23.00"/>		<input type="text" value="23.00"/>		<input type="text" value="46.00"/>

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
<input type="text"/>		<input type="text"/>		<input type="text"/>



**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

**EMILY's List**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>American Express</b>		<b>Transaction ID : H4-205940</b>	<b>Allocated Activity or Event:</b> <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 360001			Allocated Activity or Event Year-To-Date 517168.83	
City Fort Lauderdale	State FL	Zip Code 33336	Date MM / DD / YYYY 04 / 17 / 2013	
Purpose of Disbursement: Travel/Accommodation /Meals		Category/ Type	Date	
Activity or Event Identifier: <b>PSP13</b>			04 / 17 / 2013	
See Attached Memo Entry				
FEDERAL SHARE		+	NONFEDERAL SHARE	
157.47			157.48	
		=	TOTAL AMOUNT	
			314.95	

<b>B. Full Name (Last, First, Middle Initial)</b> <b>FULTONS ON THE RIVER</b>		<b>Transaction ID : H4-205940-10000</b>	<b>Allocated Activity or Event:</b> <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 315 N LA SALLE DR			Allocated Activity or Event Year-To-Date	
City CHICAGO	State IL	Zip Code 60654-4703	Date MM / DD / YYYY 04 / 17 / 2013	
Purpose of Disbursement: Travel/Accommodation /Meals		Category/ Type	Date	
Activity or Event Identifier: <b>[MEMO ITEM] Memo Entry</b>			04 / 17 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE	
83.32			83.32	
		=	TOTAL AMOUNT	
			166.64	

<b>C. Full Name (Last, First, Middle Initial)</b> <b>BLUE RIBBON TAXI 669</b>		<b>Transaction ID : H4-205940-20000</b>	<b>Allocated Activity or Event:</b> <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 4020 W GLENLAKE AVE			Allocated Activity or Event Year-To-Date	
City CHICAGO	State IL	Zip Code 60646-5201	Date MM / DD / YYYY 04 / 17 / 2013	
Purpose of Disbursement: Travel/Accommodation /Meals		Category/ Type	Date	
Activity or Event Identifier: <b>[MEMO ITEM] Memo Entry</b>			04 / 17 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE	
4.93			4.92	
		=	TOTAL AMOUNT	
			9.85	

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
157.47		157.48		314.95

**TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))**

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

Form A: Full Name (Last, First, Middle Initial) MR. TAXI VTS MR TAXI, Transaction ID : H4-205940-30000, Allocated Activity or Event: Fundraising, Date: 04/17/2013, FEDERAL SHARE: 4.53, NONFEDERAL SHARE: 4.52, TOTAL AMOUNT: 9.05

Form B: Full Name (Last, First, Middle Initial) R J GRUNTS, Transaction ID : H4-205940-40000, Allocated Activity or Event: Fundraising, Date: 04/17/2013, FEDERAL SHARE: 33.92, NONFEDERAL SHARE: 33.92, TOTAL AMOUNT: 67.84

Form C: Full Name (Last, First, Middle Initial) THE SIGNATURE ROOM A, Transaction ID : H4-205940-50000, Allocated Activity or Event: Fundraising, Date: 04/17/2013, FEDERAL SHARE: 19.03, NONFEDERAL SHARE: 19.02, TOTAL AMOUNT: 38.05

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 0.00, 0.00, 0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: (empty), (empty), (empty)

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

A. Full Name (Last, First, Middle Initial) Transaction ID : H4-205940-60000
FOODSTUFFS INC
Mailing Address 1456 WAUKEGAN RD
City GLENVIEW State IL Zip Code 60025-2121
Purpose of Disbursement: Travel/Accommodation /Meals
Activity or Event Identifier:
[MEMO ITEM] Memo Entry
FEDERAL SHARE 11.74 NONFEDERAL SHARE 11.78 TOTAL AMOUNT 23.52

B. Full Name (Last, First, Middle Initial) Transaction ID : H4-205941
American Express
Mailing Address PO Box 360001
City Fort Lauderdale State FL Zip Code 33336
Purpose of Disbursement: Office Supplies Expenses
Activity or Event Identifier: PSP13
See Attached Memo Entry
FEDERAL SHARE 11.63 NONFEDERAL SHARE 11.64 TOTAL AMOUNT 23.27

C. Full Name (Last, First, Middle Initial) Transaction ID : H4-205941-10000
CHOCOLATE MOOSE INC.
Mailing Address 1743 L STREET NW
City WASHINGTON State DC Zip Code 20036
Purpose of Disbursement: Office Supplies Expenses
Activity or Event Identifier:
[MEMO ITEM] Memo Entry
FEDERAL SHARE 3.18 NONFEDERAL SHARE 3.18 TOTAL AMOUNT 6.36

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 11.63, 11.64, 23.27

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [Empty], [Empty], [Empty]

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

<b>A. Full Name (Last, First, Middle Initial)</b> <b>CHOCOLATE MOOSE INC.</b> Mailing Address 1743 L STREET NW		<b>Transaction ID : H4-205941-20000</b>		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City State Zip Code WASHINGTON DC 20036		Purpose of Disbursement: Office Supplies Expenses		Allocated Activity or Event Year-To-Date <input type="text"/>	
Activity or Event Identifier: <b>[MEMO ITEM] Memo Entry</b>		Category/Type <input type="text"/>		Date <input type="text"/> 04 / <input type="text"/> 17 / <input type="text"/> 2013	
FEDERAL SHARE		+ NONFEDERAL SHARE		= TOTAL AMOUNT	
<input type="text"/> 4.22		<input type="text"/> 4.21		<input type="text"/> 8.43	

<b>B. Full Name (Last, First, Middle Initial)</b> <b>CHOCOLATE MOOSE INC.</b> Mailing Address 1743 L STREET NW		<b>Transaction ID : H4-205941-30000</b>		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City State Zip Code WASHINGTON DC 20036		Purpose of Disbursement: Office Supplies Expenses		Allocated Activity or Event Year-To-Date <input type="text"/>	
Activity or Event Identifier: <b>[MEMO ITEM] Memo Entry</b>		Category/Type <input type="text"/>		Date <input type="text"/> 04 / <input type="text"/> 17 / <input type="text"/> 2013	
FEDERAL SHARE		+ NONFEDERAL SHARE		= TOTAL AMOUNT	
<input type="text"/> 4.23		<input type="text"/> 4.25		<input type="text"/> 8.48	

<b>C. Full Name (Last, First, Middle Initial)</b> <b>American Express</b> Mailing Address PO Box 360001		<b>Transaction ID : H4-205942</b>		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City State Zip Code Fort Lauderdale FL 33336		Purpose of Disbursement: Postage		Allocated Activity or Event Year-To-Date <input type="text"/> 517284.10	
Activity or Event Identifier: PSP13 <b>See Attached Memo Entry</b>		Category/Type <input type="text"/>		Date <input type="text"/> 04 / <input type="text"/> 17 / <input type="text"/> 2013	
FEDERAL SHARE		+ NONFEDERAL SHARE		= TOTAL AMOUNT	
<input type="text"/> 46.00		<input type="text"/> 46.00		<input type="text"/> 92.00	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text"/> 46.00		<input type="text"/> 46.00		<input type="text"/> 92.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

A. Full Name (Last, First, Middle Initial) <b>USPS 104965029920825</b>		Transaction ID : <b>H4-205942-10000</b>		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 900 BRENTWOOD RD NE				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
WASHINGTON	DC	20066-9201		Allocated Activity or Event Year-To-Date	
Purpose of Disbursement: Postage		Category/ Type		Date	
Activity or Event Identifier:				MM / DD / YYYY 04 / 17 / 2013	
[MEMO ITEM] Memo Entry					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
46.00			46.00		92.00

B. Full Name (Last, First, Middle Initial) <b>American Express</b>		Transaction ID : <b>H4-205943</b>		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address PO Box 360001				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Fort Lauderdale	FL	33336		Allocated Activity or Event Year-To-Date	
Purpose of Disbursement: Travel/Accommodation /Meals		Category/ Type		Date	
Activity or Event Identifier: PSP13				MM / DD / YYYY 04 / 17 / 2013	
See Attached Memo Entry					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
263.70			263.71		527.41

C. Full Name (Last, First, Middle Initial) <b>HOTELS.COM US1119673</b>		Transaction ID : <b>H4-205943-10000</b>		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 333 108TH AVE NE				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Bellevue	NV	98004-5736		Allocated Activity or Event Year-To-Date	
Purpose of Disbursement: Travel/Accommodation /Meals		Category/ Type		Date	
Activity or Event Identifier:				MM / DD / YYYY 04 / 17 / 2013	
[MEMO ITEM] Memo Entry					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
119.97			119.97		239.94

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
263.70		263.71		527.41

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

A. Full Name (Last, First, Middle Initial) <b>UBER TECHNOLOGIES IN</b>		Transaction ID : H4-205943-20000	Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 182 HOWARD ST			Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date	
SAN FRANCISCO	CA	94105-1611	MM / DD / YYYY 04 / 17 / 2013	
Purpose of Disbursement: Travel/Accommodation /Meals		Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier:			Date	
[MEMO ITEM] Memo Entry			Date	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
14.00			14.00	28.00

B. Full Name (Last, First, Middle Initial) <b>ARLINGTON YELLOW CAB</b>		Transaction ID : H4-205943-30000	Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1200 N HUDSON ST			Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date	
ARLINGTON	VA	22201-5048	MM / DD / YYYY 04 / 17 / 2013	
Purpose of Disbursement: Travel/Accommodation /Meals		Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier:			Date	
[MEMO ITEM] Memo Entry			Date	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
10.08			10.08	20.16

C. Full Name (Last, First, Middle Initial) <b>BLUE RIBBON TAXI 307</b>		Transaction ID : H4-205943-40000	Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 4020 W GLENLAKE AVE			Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date	
CHICAGO	IL	60646-5201	MM / DD / YYYY 04 / 17 / 2013	
Purpose of Disbursement: Travel/Accommodation /Meals		Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier:			Date	
[MEMO ITEM] Memo Entry			Date	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
4.53			4.52	9.05

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

A. Full Name (Last, First, Middle Initial) Transaction ID : H4-205943-50000
CHILIS B12 ORD258166
Mailing Address BUILDING 6, O'HARE FIELD
City CHICAGO State IL Zip Code 60666
Purpose of Disbursement: Travel/Accommodation /Meals
Activity or Event Identifier:
[MEMO ITEM] Memo Entry
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
8.67 8.67 17.34

B. Full Name (Last, First, Middle Initial) Transaction ID : H4-205943-60000
CHOICE TAXI ASSN. 30
Mailing Address 6550 N CLARK ST
City CHICAGO State IL Zip Code 60626-4002
Purpose of Disbursement: Travel/Accommodation /Meals
Activity or Event Identifier:
[MEMO ITEM] Memo Entry
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
24.03 24.02 48.05

C. Full Name (Last, First, Middle Initial) Transaction ID : H4-205943-70000
CONGRESS PLAZA HOTEL
Mailing Address 520 S MICHIGAN AVE
City CHICAGO State IL Zip Code 60605
Purpose of Disbursement: Travel/Accommodation /Meals
Activity or Event Identifier:
[MEMO ITEM] Memo Entry
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
5.67 5.67 11.34

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 0.00, 0.00, 0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [Empty], [Empty], [Empty]

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

Form A: Full Name (Last, First, Middle Initial) FOODLIFE, Transaction ID : H4-205943-80000, Mailing Address 835 N MICHIGAN AVE, City CHICAGO, State IL, Zip Code 60611-2203. Purpose of Disbursement: Travel/Accommodation /Meals. Allocated Activity or Event: Fundraising. Date: 04/17/2013. Amounts: FEDERAL SHARE 2.93, NONFEDERAL SHARE 2.92, TOTAL AMOUNT 5.85.

Form B: Full Name (Last, First, Middle Initial) GINO'S EAST 0057, Transaction ID : H4-205943-90000, Mailing Address 162 E SUPERIOR ST, City CHICAGO, State IL, Zip Code 60611-2916. Purpose of Disbursement: Travel/Accommodation /Meals. Allocated Activity or Event: Fundraising. Date: 04/17/2013. Amounts: FEDERAL SHARE 34.84, NONFEDERAL SHARE 34.83, TOTAL AMOUNT 69.67.

Form C: Full Name (Last, First, Middle Initial) Syed Rizvi Syed Rizv, Transaction ID : H4-205943-100000, Mailing Address 110 5TH ST, City Chicago, State IL, Zip Code 94103-2918. Purpose of Disbursement: Travel/Accommodation /Meals. Allocated Activity or Event: Fundraising. Date: 04/17/2013. Amounts: FEDERAL SHARE 7.00, NONFEDERAL SHARE 7.00, TOTAL AMOUNT 14.00.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 0.00, 0.00, 0.00.

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: (blank), (blank), (blank).



SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

Form A: Full Name (Last, First, Middle Initial) UNITED AIRLINES, Transaction ID: H4-205943-110000, Mailing Address 600 JEFFERSON ST, City HOUSTON, State TX, Zip Code 77002-7393. Allocated Activity or Event: Fundraising. Date: 04/17/2013. Amounts: FEDERAL SHARE 5.00, NONFEDERAL SHARE 5.00, TOTAL AMOUNT 10.00.

Form B: Full Name (Last, First, Middle Initial) CHICAGO TAXI 2 CITY, Transaction ID: H4-205943-120000, Mailing Address CHICAGO TAXI 2, City LONG ISLAND CITY, State NY, Zip Code 11101-3502. Allocated Activity or Event: Fundraising. Date: 04/17/2013. Amounts: FEDERAL SHARE 24.27, NONFEDERAL SHARE 24.27, TOTAL AMOUNT 48.54.

Form C: Full Name (Last, First, Middle Initial) NATIONAL AIRPORT GRI, Transaction ID: H4-205943-130000, Mailing Address REAGAN WASHINGTON NATL A, City WASHINGTON, State DC, Zip Code 20001. Allocated Activity or Event: Fundraising. Date: 04/17/2013. Amounts: FEDERAL SHARE 2.71, NONFEDERAL SHARE 2.76, TOTAL AMOUNT 5.47.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 0.00, 0.00, 0.00.

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: (empty), (empty), (empty).

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

Form A: Creative Print Group Inc. Transaction ID: H4-205949. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (Printing), Activity or Event Identifier (PSP13), Allocated Activity or Event (Fundraising checked), and Year-To-Date amounts (518969.84).

Form B: Encompass Elements. Transaction ID: H4-205954. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (Postage), Activity or Event Identifier (PSP13), Allocated Activity or Event (Fundraising checked), and Year-To-Date amounts (521255.42).

Form C: Encompass Elements. Transaction ID: H4-205955. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (Data Management), Activity or Event Identifier (PSP13), Allocated Activity or Event (Fundraising checked), and Year-To-Date amounts (521705.42).

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Summary table for subtotal: FEDERAL SHARE 1946.95, NONFEDERAL SHARE 1946.96, TOTAL AMOUNT 3893.91.

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Summary table for total: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT.

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

A. Full Name (Last, First, Middle Initial) Transaction ID : H4-205956
Encompass Elements
Mailing Address 185 Discovery Drive
Attn: Cathy Kaspar
City Colmar State PA Zip Code 18915
Purpose of Disbursement: Printing
Activity or Event Identifier: PSP13
Allocated Activity or Event: Fundraising
Allocated Activity or Event Year-To-Date 522661.27
Date 04 / 18 / 2013
FEDERAL SHARE 477.92 + NONFEDERAL SHARE 477.93 = TOTAL AMOUNT 955.85

B. Full Name (Last, First, Middle Initial) Transaction ID : H4-205972
Michelle Ortiz
Mailing Address 2801 Turk Blvd #306
City San Francisco State CA Zip Code 94118
Purpose of Disbursement: Telephone
Activity or Event Identifier: PSP13
Allocated Activity or Event: Fundraising
Allocated Activity or Event Year-To-Date 522696.27
Date 04 / 18 / 2013
See Attached Memo Entry
FEDERAL SHARE 17.50 + NONFEDERAL SHARE 17.50 = TOTAL AMOUNT 35.00

C. Full Name (Last, First, Middle Initial) Transaction ID : H4-205972-10000
Comcast
Mailing Address 40 West Leeds Ave
City Pleasantville State NJ Zip Code 08232
Purpose of Disbursement: Telephone
Activity or Event Identifier: [MEMO ITEM] Memo Entry
Allocated Activity or Event: Fundraising
Allocated Activity or Event Year-To-Date
Date 04 / 18 / 2013
FEDERAL SHARE 17.50 + NONFEDERAL SHARE 17.50 = TOTAL AMOUNT 35.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 495.42, 495.43, 990.85

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [Empty], [Empty], [Empty]

**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

**EMILY's List**

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : H4-205973</b> <b>Michelle Ortiz</b>		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2801 Turk Blvd #306		Allocated Activity or Event Year-To-Date 522774.24	
City State Zip Code San Francisco CA 94118	Category/ Type	Date <input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>	
Purpose of Disbursement: Travel/Accommodation /Meals		Allocated Activity or Event Year-To-Date 522774.24	
Activity or Event Identifier: <b>PSP13</b>		Date <input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
38.98 + 38.99 = 77.97			

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : H4-205987</b> <b>Louisa Whitney</b>		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1701 16th Street NW Apartment 721		Allocated Activity or Event Year-To-Date 522785.83	
City State Zip Code Washington DC 20009	Category/ Type	Date <input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>	
Purpose of Disbursement: Travel/Accommodation /Meals		Allocated Activity or Event Year-To-Date 522785.83	
Activity or Event Identifier: PSP13		Date <input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
5.79 + 5.80 = 11.59			

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : H4-206024</b> <b>Andrea Pagano Reyes</b>		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 4501 Connecticut Ave, NW #723		Allocated Activity or Event Year-To-Date 522874.98	
City State Zip Code Washington DC 20008	Category/ Type	Date <input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>	
Purpose of Disbursement: Travel/Accommodation /Meals		Allocated Activity or Event Year-To-Date 522874.98	
Activity or Event Identifier: PSP13		Date <input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
44.57 + 44.58 = 89.15			

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
89.34		89.37		178.71

**TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))**

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

A. Full Name (Last, First, Middle Initial) <b>Bulletproof</b>		Transaction ID : H4-206033	Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1840 41st Ave, #102-333			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City State Zip Code Capitola CA 95010			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Printing		Category/ Type	Allocated Activity or Event Year-To-Date 522912.48	
Activity or Event Identifier: PSP13			Date 04 / 25 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE	
18.75			18.75	
		=	TOTAL AMOUNT	
			37.50	

B. Full Name (Last, First, Middle Initial) <b>Bulletproof</b>		Transaction ID : H4-206034	Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1840 41st Ave, #102-333			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City State Zip Code Capitola CA 95010			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Printing		Category/ Type	Allocated Activity or Event Year-To-Date 522968.73	
Activity or Event Identifier: PSP13			Date 04 / 25 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE	
28.12			28.13	
		=	TOTAL AMOUNT	
			56.25	

C. Full Name (Last, First, Middle Initial) <b>Capital Strategies</b>		Transaction ID : H4-206037	Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 14000 Old Harbor Lane Suite 202			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City State Zip Code Marina Del Rey CA 90292			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Consulting Fundraising		Category/ Type	Allocated Activity or Event Year-To-Date 530468.73	
Activity or Event Identifier: PSP13			Date 04 / 25 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE	
3750.00			3750.00	
		=	TOTAL AMOUNT	
			7500.00	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3796.87		3796.88		7593.75

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

EMILY's List

A. Full Name (Last, First, Middle Initial) Transaction ID : H4-206041
Colonial Parking, Inc.
Mailing Address 1050 Thomas Jefferson St., NW #100
City Washington State DC Zip Code 20007
Purpose of Disbursement: Parking Fees
Activity or Event Identifier: PSP13
Allocated Activity or Event: Fundraising
Allocated Activity or Event Year-To-Date: 530738.73
Date: 04/25/2013
FEDERAL SHARE: 135.00 NONFEDERAL SHARE: 135.00 TOTAL AMOUNT: 270.00

B. Full Name (Last, First, Middle Initial) Transaction ID : H4-206052
Jackson River
Mailing Address 2535 13th St NW #005
City Washington State DC Zip Code 20009
Purpose of Disbursement: Design/Graphics
Activity or Event Identifier: PSP13
Allocated Activity or Event: Fundraising
Allocated Activity or Event Year-To-Date: 531088.73
Date: 04/25/2013
FEDERAL SHARE: 175.00 NONFEDERAL SHARE: 175.00 TOTAL AMOUNT: 350.00

C. Full Name (Last, First, Middle Initial) Transaction ID : H4-206279
Cornucopia, Inc.
Mailing Address 7510 Hamilton Spring Road
City Bethesda State MD Zip Code 20817
Purpose of Disbursement: Consulting Fundraising
Activity or Event Identifier: PSP13
Allocated Activity or Event: Fundraising
Allocated Activity or Event Year-To-Date: 535088.73
Date: 04/25/2013
FEDERAL SHARE: 2000.00 NONFEDERAL SHARE: 2000.00 TOTAL AMOUNT: 4000.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 2310.00, 2310.00, 4620.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 22991.03, 22991.21, 45982.24